

Name
in
Full

Dra Amelia Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birthplace				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Romulus Baker					Father's Birthplace
Mother's Maiden Name	Ellen Swope					Mother's Birthplace
Name of person giving Information	Romulus Baker					How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Suffocation	How long
Immediate	Edema	How long

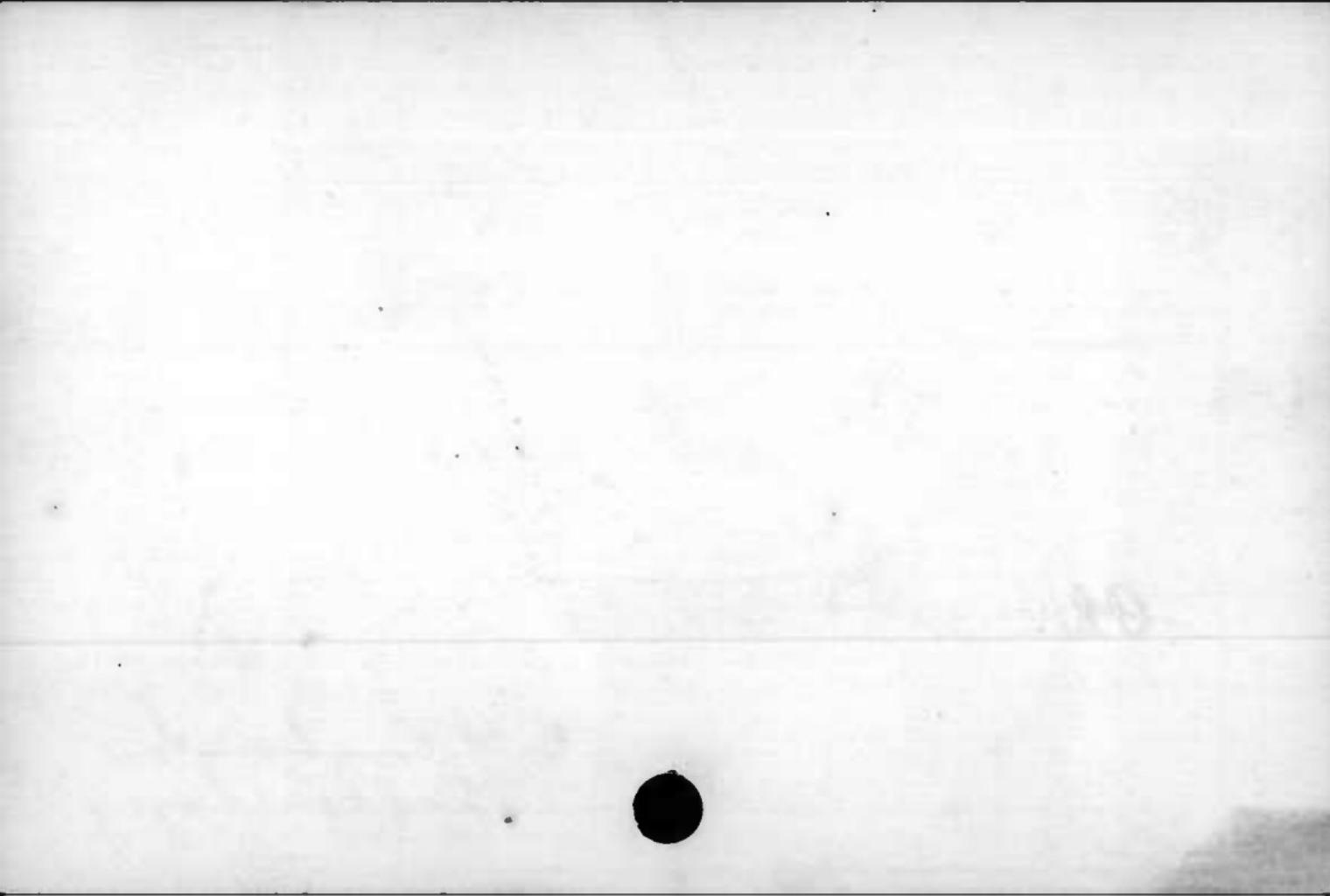
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

EL Wardean

Address

Accident or Suicide?



Name
in
Full

Mary A Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Watson Bell			
Father's Name	John Bell				Father's Birthplace
Mother's Maiden Name	Elizabeth Bell				Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

Primary: Ophthisis Bulbaralis How long: 10 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Abb. Wishard
Leitersburg
Md.

Accident or Suicide?

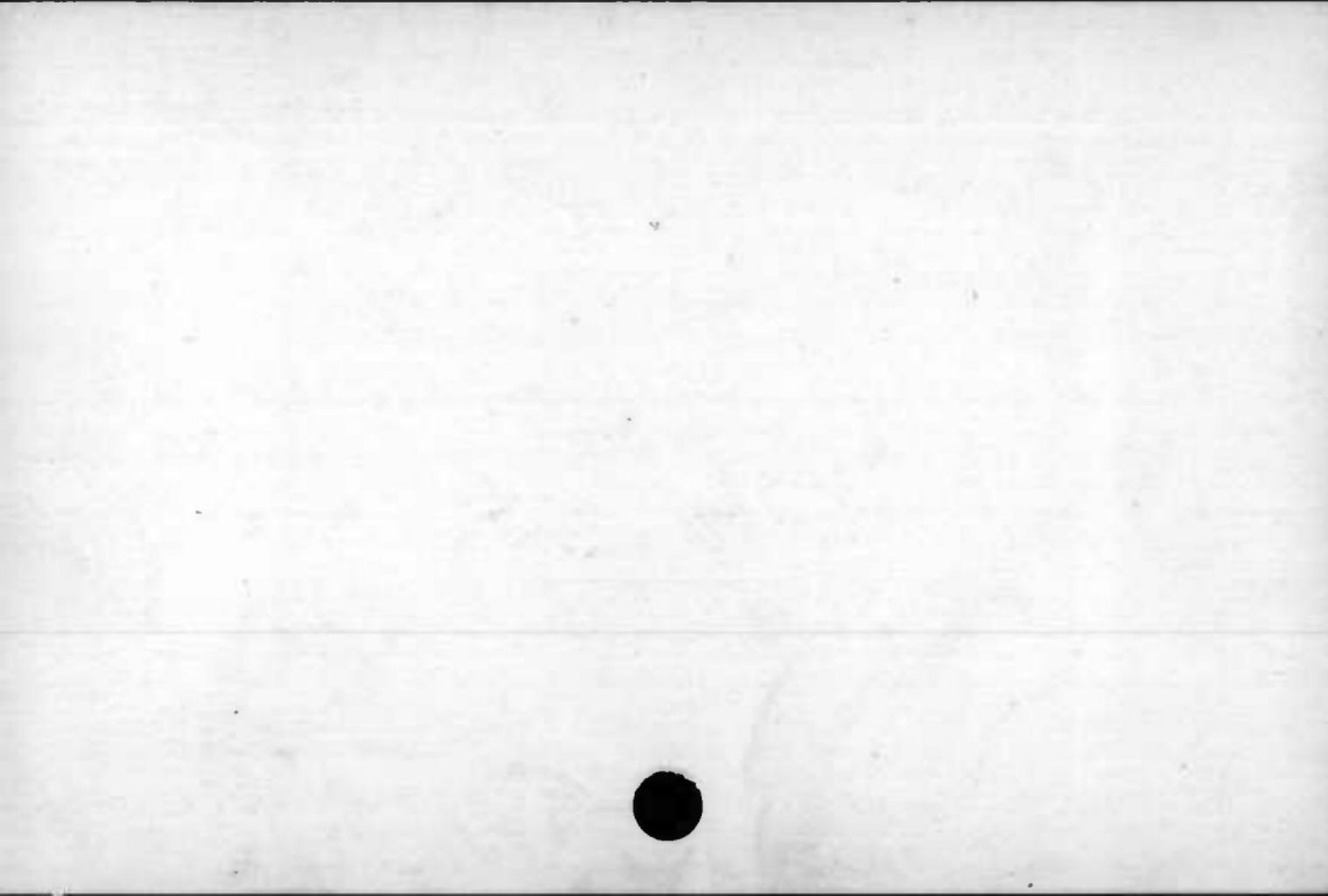
Leitersburg

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Bezzard still born				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	S.				Father's Birthplace	md
Mother's Maiden Name	Sarah Roberts				Mother's Birthplace	md
Name of person giving Information	David Bezzard				How related to deceased	Father
CAUSES OF DEATH						
Primary	Still Born S.				How long	
Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	A. Coffman		
			Address	Hagerstown Md		
Accident or Suicide?			Undertaker			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Chaiwon
Died at Hagerstown
Date of death 1905 Month 8 Day 14 Years — Months 8 Days

CERTIFICATE OF DEATH

MARYLAND

Sex Male Color or Race Colored Birth-place Md.

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Frank Chaiwon

Father's Birthplace Md.

Mother's Maiden Name Hattie Pratt

Mother's Birthplace Va.

Name of person giving information Hattie Pratt

How related to deceased Mother

CAUSES OF DEATH

Primary Heart Failure
How long

Immediate Heart Failure
How long

Are the name, age, sex, color, date and place correctly given above?

Yes Signature of Physician

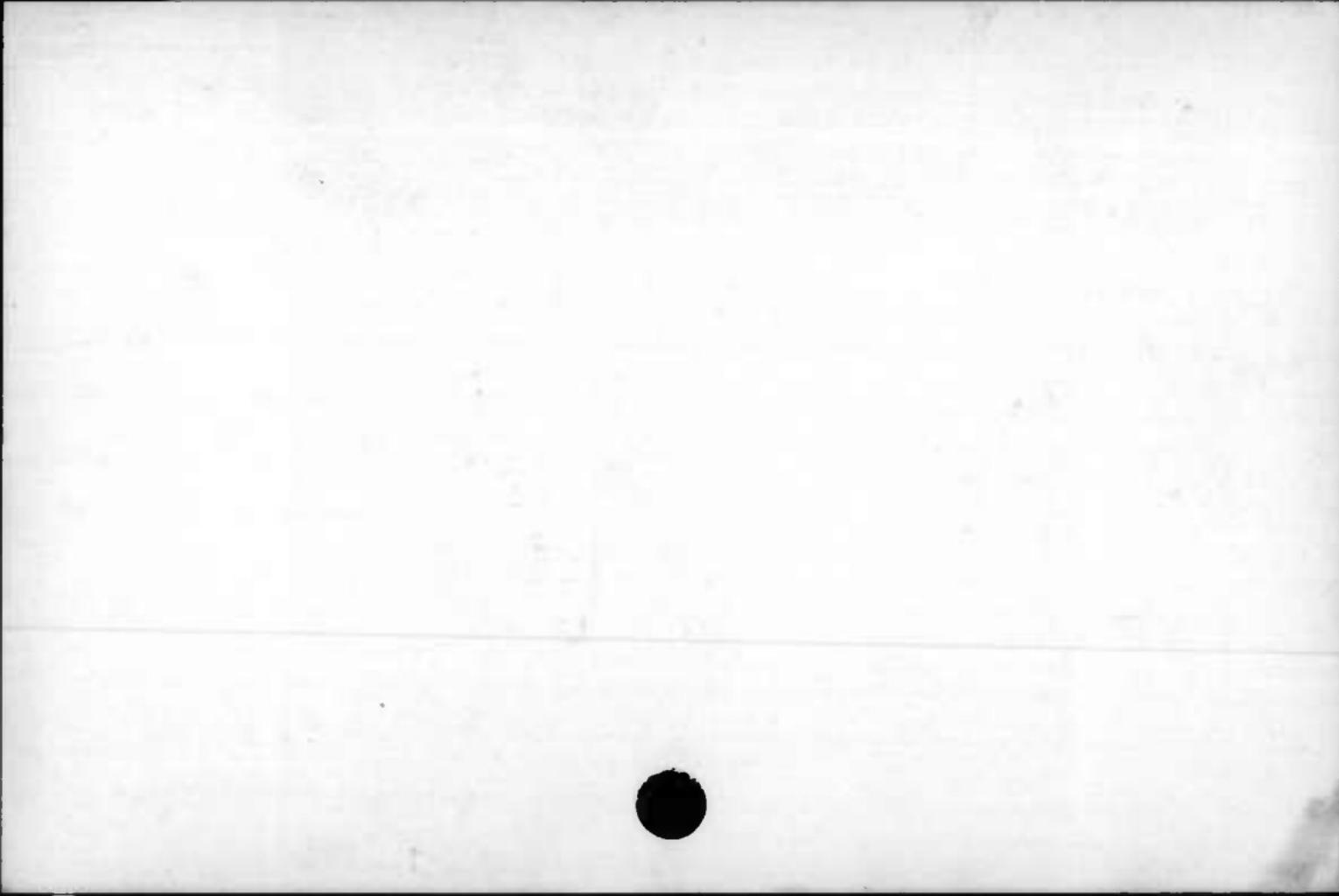
Address

A. Coffman

Hagerstown

Undertaker

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Grace Irene Cline				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race			Birth-place			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	Penns.		
Father's Name	Ruth M. Cline			Mother's Birthplace	"		
Mother's Maiden Name	Eunice Hammill			How related to deceased	father.		
Name of person giving Information	R. M. Cline						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

105

How long

One week

Immediate

Syncope

How long

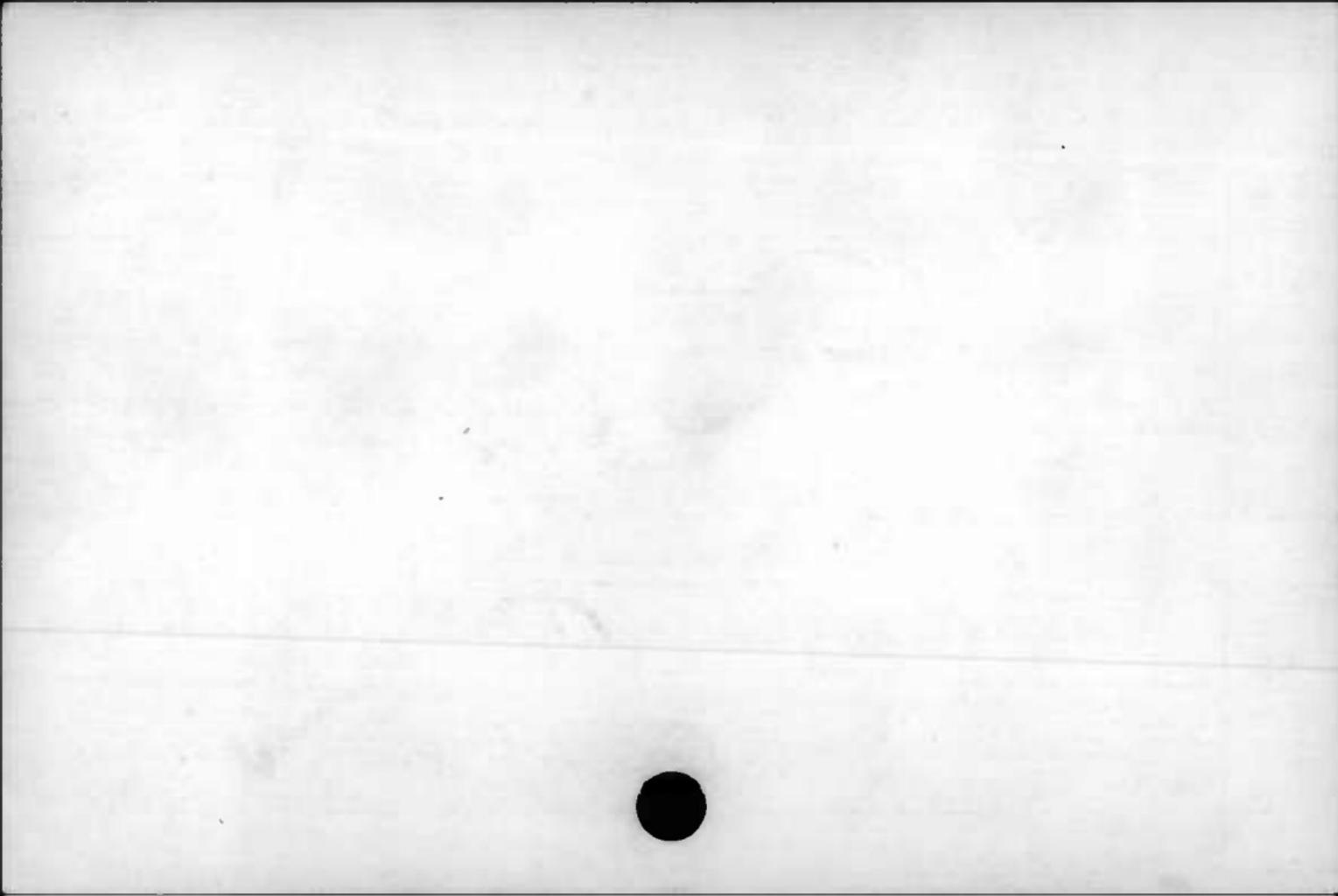
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Oleell & Baggs
Seagoville Md

Accident or Suicide?



Name
in
Full

Daniel Davis No 260

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND :	
Date of death	Month	Day	Years	Munths	Days
Sex	Male	Color or Race	White	Birth-place	Brownsville
Occupation	Labour		Where Residing if not at place of death	Brownsville	
Married, Single or Widowed	Married	Name of Wife or Husband	Amanda J Davis	Father's Birthplace	Washington co
Father's Name	Isaac E. Davis		Sarah E. Bowers	Mother's Birthplace	Virginia.
Mother's Maiden Name	Sarah E. Bowers		Susan Muller	How related to deceased	sister
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hepatic Abscess.



How long

Forwards

Immediate

Prostration

How long

Are the name, age, sex, color, date and place correctly given above?

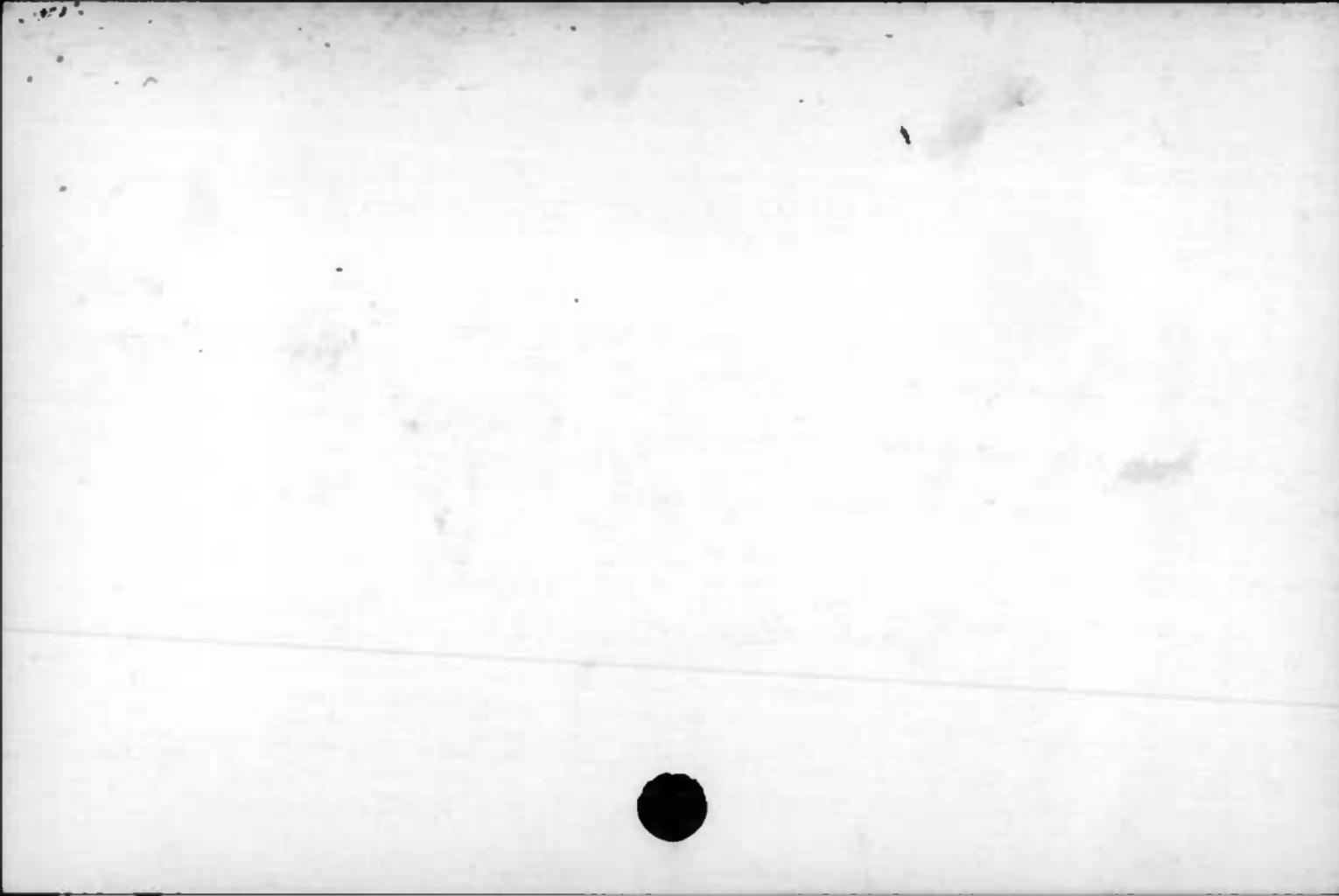
yes

Signature of Physician

Address

Dr Richardson
Williamsport Md.

Accident or Suicide?



Name
in
Full

Louise Clementine Eichelberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clarance Eichelberger				md.
Mother's Maiden Name	Mary Ebert				"
Name of person giving Information	Clarance Eichelberger				father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congenital vital deficiency

151

How long

2 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

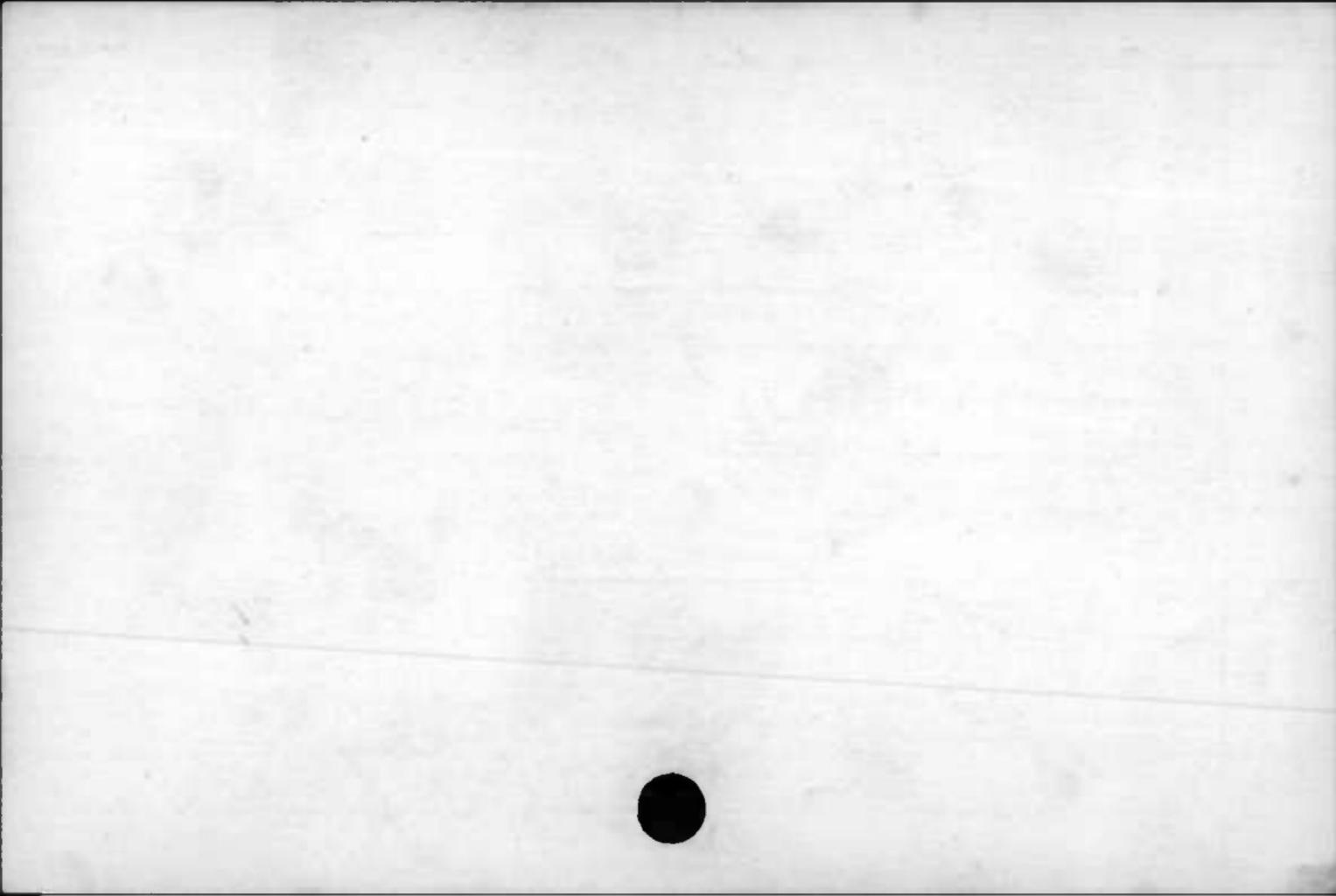
yes

Signature of Physician

Address

B. M. Bagamian
Hagerstown Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Filsinger.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1905	Month Aug	Day 4	Years 55-	Months 3	Days 26
Sex Male	Color or Race white	Birth-place Germany.			
Occupation Farm Labr.	Where Residing if not at place of death Ausf. L. Miller				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Adam Filsinger.	Father's Birthplace Germany.				
Mother's Maiden Name Barbara Hasseniger.	Mother's Birthplace Germany.				
Name of person giving information Frederick Filsinger.	How related to deceased Brother				

CAUSES OF DEATH

Primary Death by hanging 

How long -

Immediate

How long -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

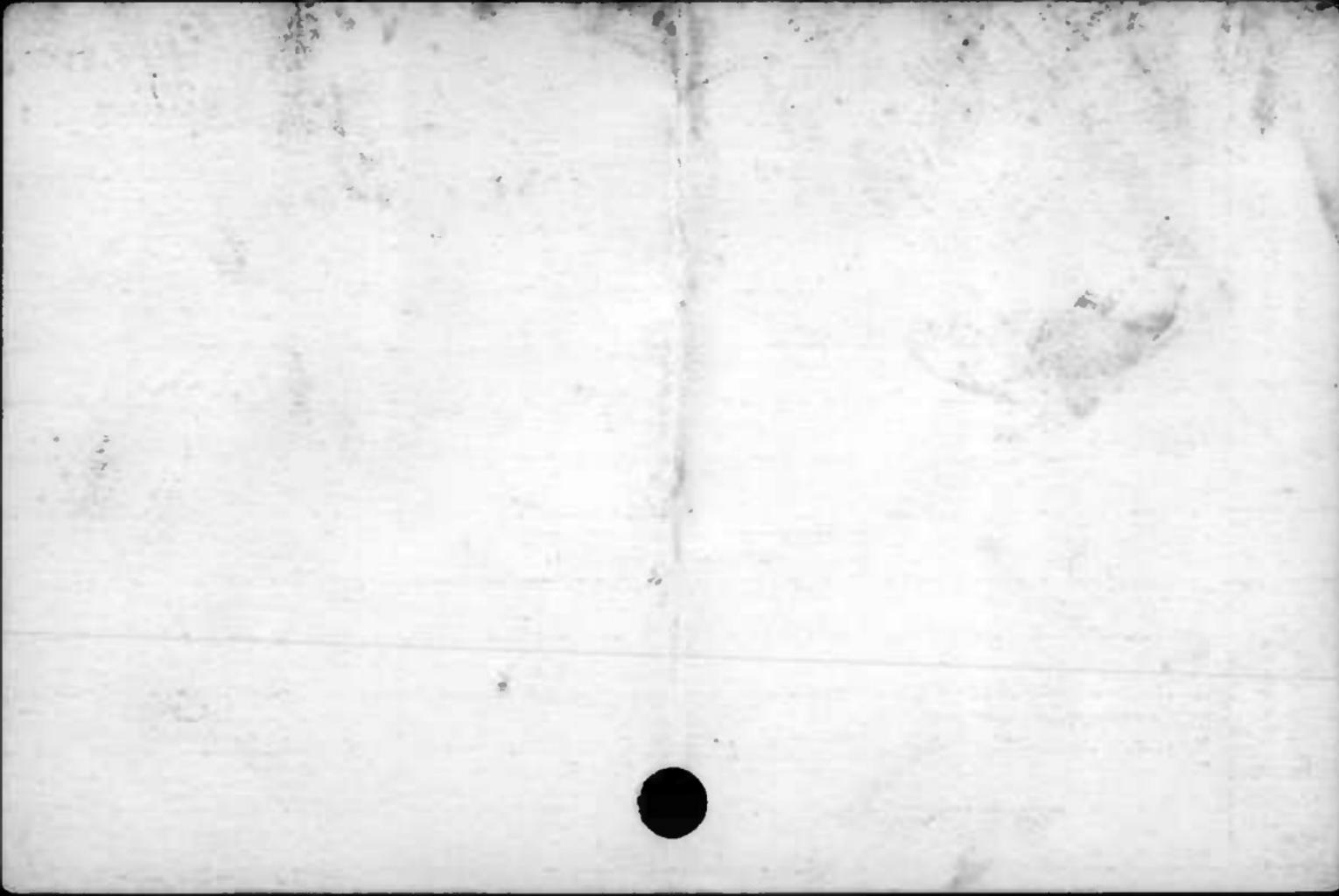
Oscar Miller M.D.

Address

1100 N. Moore & Dixon Rd.

Homicide or Suicide?

Suicide



Name
in
Full

Robt. Grayson Trornger

CERTIFICATE OF DEATH

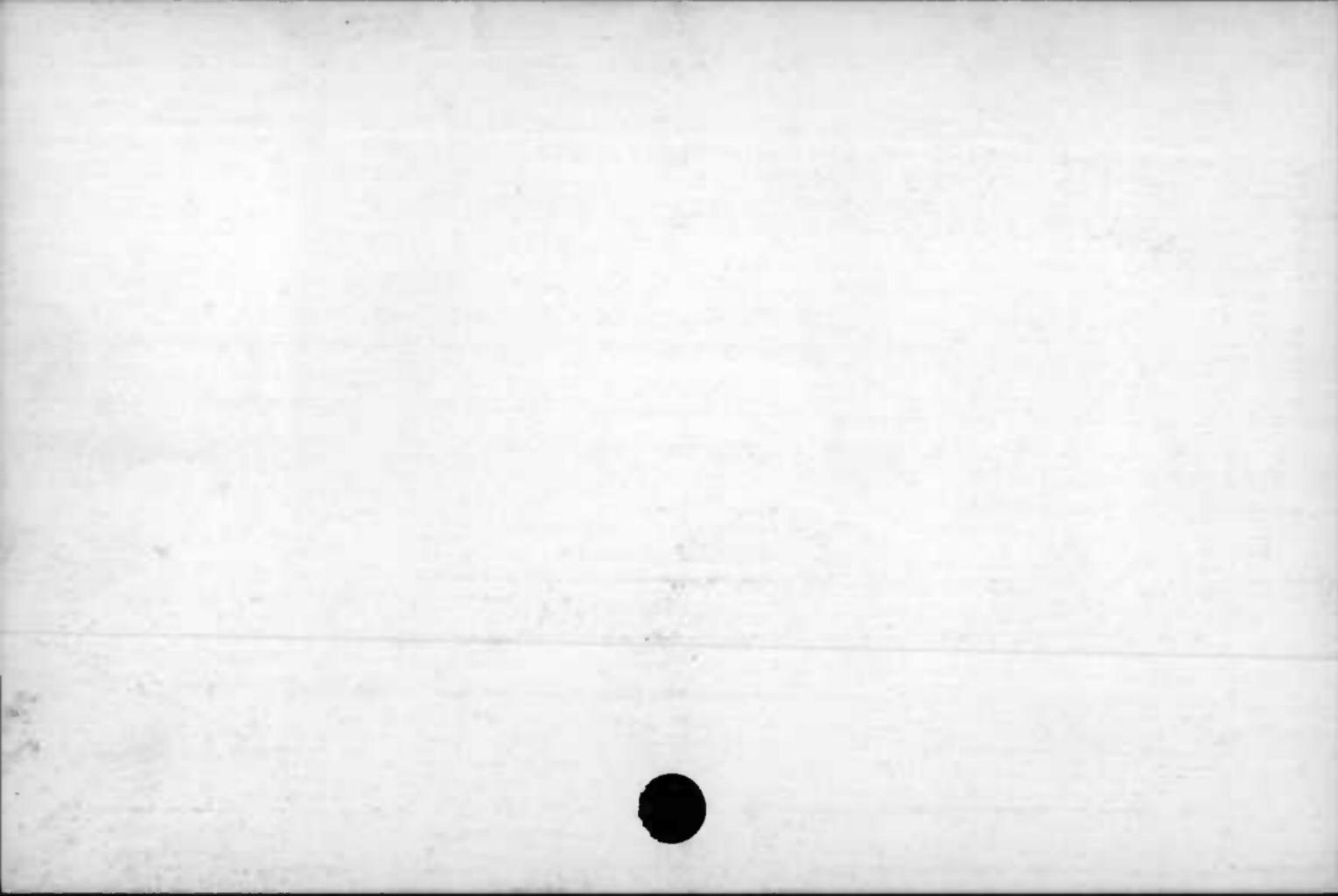
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Chewsville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Trornger				
Mother's Maiden Name	Edith Hartle				
Name of person giving Information	John Trornger				
CAUSES OF DEATH					
Primary	Marasmus				
Immediate	Malnutrition				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long	
Yes			Address	How long	
Accident or Suicide?					

PHYSICIAN
OR CORONER

51

John Quinn MD,
Chewsville



Name
in
Full

Magdalena Gallion

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	Wash		County	MARYLAND	
Died at Brodfording	Month 5	Day 9	Age 53	Months 7	Days 14
Date of death 1905 Aug					
Sex Female	Color or Race White	Birth-place Mc Hafre Mills Md			
Occupation Farmers wife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband aaron W. Gallion.				
Father's Name Lewis Black.	Father's Birthplace				
Mother's Maiden Name Mary Rugh	Mother's Birthplace				
Name of person giving information aaron W. Gallion	How related to deceased Husband.				

CAUSES OF DEATH

Primary ~~General Debility~~ How long 2 years

Immediate ~~A~~ How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

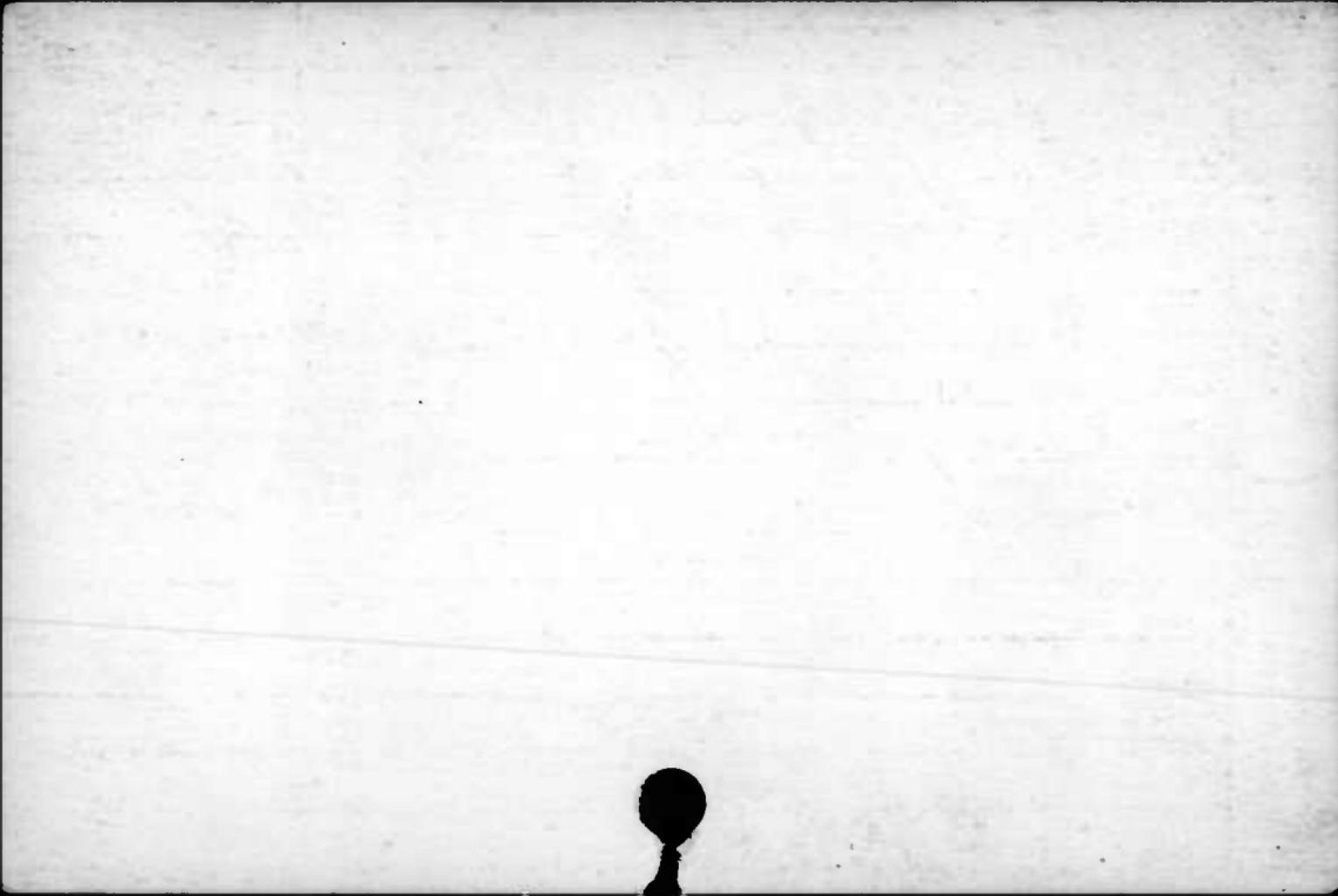
Address

S. C. Miller

Filed 1905

Accident or Suicide?

Mount Airy Pa



Name
in
Full

Garrett Duvall Harman,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	63	9	5	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Jacob F. Harman.				
Father's Name	John Snyder		Father's Birthplace	Md.		
Mother's Maiden Name	Rebecca Long		Mother's Birthplace	"		
Name of person giving Information	H. H. Harman		How related to deceased	son.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Intestinal Carcinoma~~

How long

~~One year~~

Immediate

~~Exhaustion~~

How long

~~1/2 year~~

Are the name, age, sex, color, date and place correctly given above?

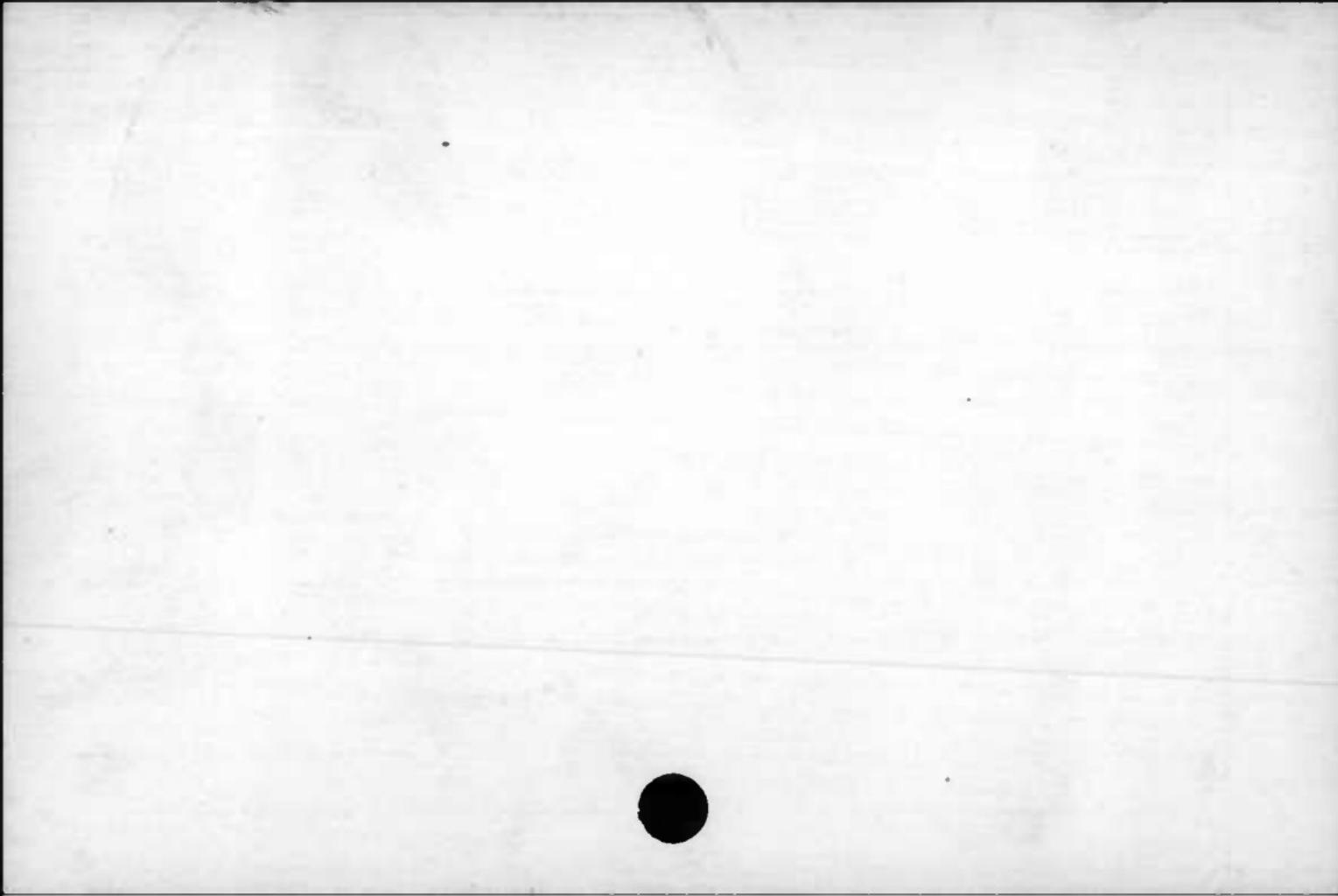
Yes

Signature of Physician

Address

~~W. H. Seerey~~

~~Hagerstown~~



Name
in
Full

Elizabeth F Hicks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State		
Coseytown		Franklin	Maryland		
Date of death	Month	Day	Years	Months	Days
1905	Aug	7	65	2	9
Sex	Color or Race	Birth-place			
Female	white	Denton			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Married	Jasper Hicks				
Father's Name	Father's Birthplace				
Ebersole	✓				
Mother's Maiden Name	Mother's Birthplace				
Isaiah Coan	✓				
Name of person giving information	How related to deceased				
Isaiah Coan					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bonehitis	How long	One week
Immediate	Pneumonia & Haemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. F. Nowell
		Address	Greenesville Pa
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Gertie Hill

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wolf Borow			Father's Birthplace	Va
Mother's Maiden Name	Gertie Hill			Mother's Birthplace	
Name of person giving information	Aurine Hill			How related to deceased	Grandmother

CAUSES OF DEATH

Primary

Slipping, cough

How long

6 weeks

Immediate

Inhalation

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. L. B. Freeman
Budstaker
Hagerstown MD

Accident or Suicide?

holz wxx

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

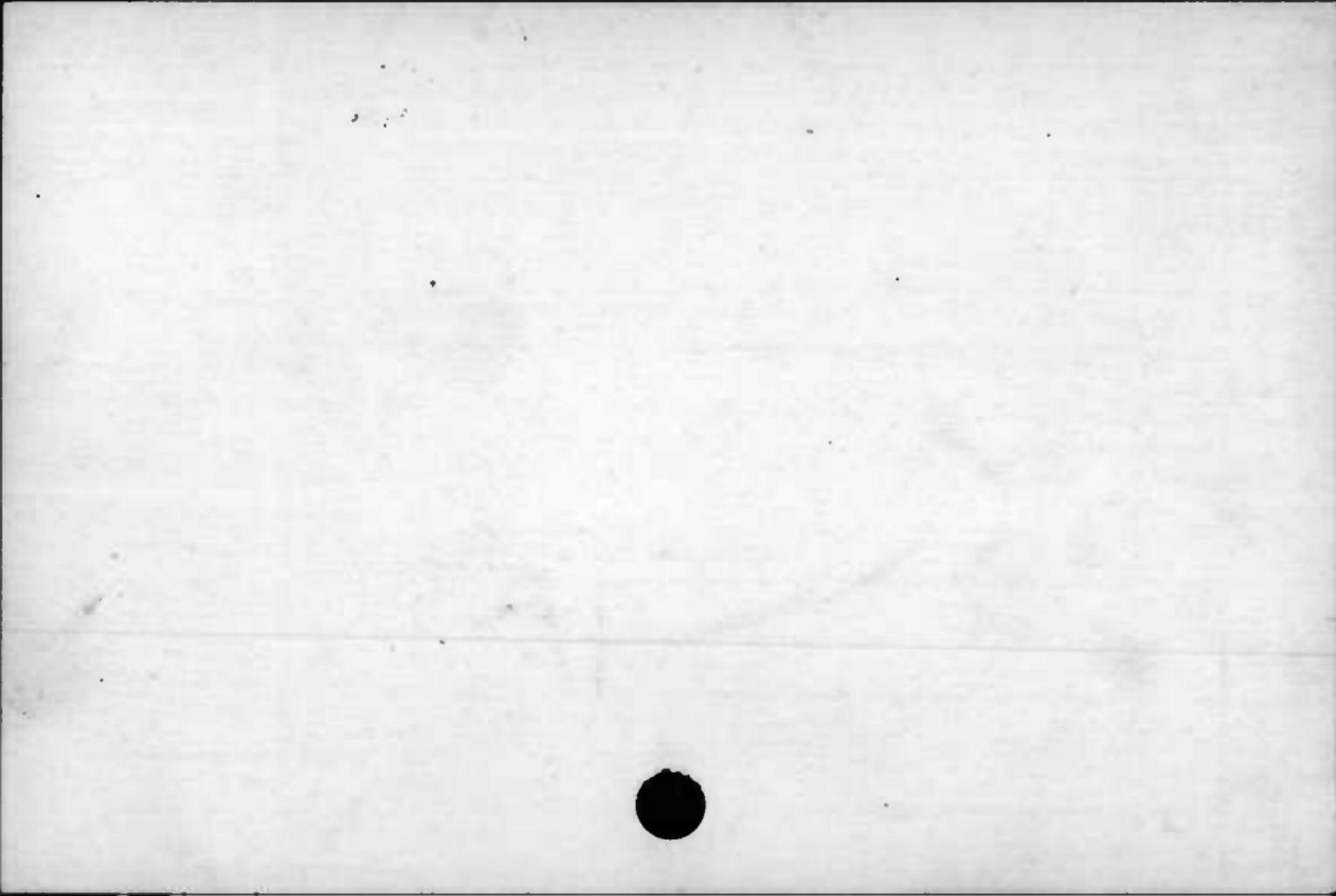
Bartley Holmes

CERTIFICATE OF DEATH

Died at Hagerstown		County, Washington		MARYLAND	
Date of death 1905	Month 8	Day 27	Years 68	Months 4	Days 1
Sex Male	Color or Race White	Birth-place Md			
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Bartley Holmes			Father's Birthplace Pa		
Mother's Maiden Name Mary Steward			Mother's Birthplace Md		
Name of person giving information Martin Holmes			How related to deceased Nephew		

CAUSES OF DEATH

Primary	Nephritis	(No)	How long 4 weeks
Immediate	Nephritis	(No)	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Mechanuel, M. D.	
Address Hagerstown Md.			
Accident or Suicide?			



Name
in
Full

Christian M. Reedy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	77	7	15
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Ellen Lear	Reedysville		
Father's Name	Ira J. Reedy				
Mother's Maiden Name	Mary Middle Kauff				
Name of person giving information	Ellen Reedy				
How related to deceased widow					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

2 mos.

Immediate

Congestion Pul.

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

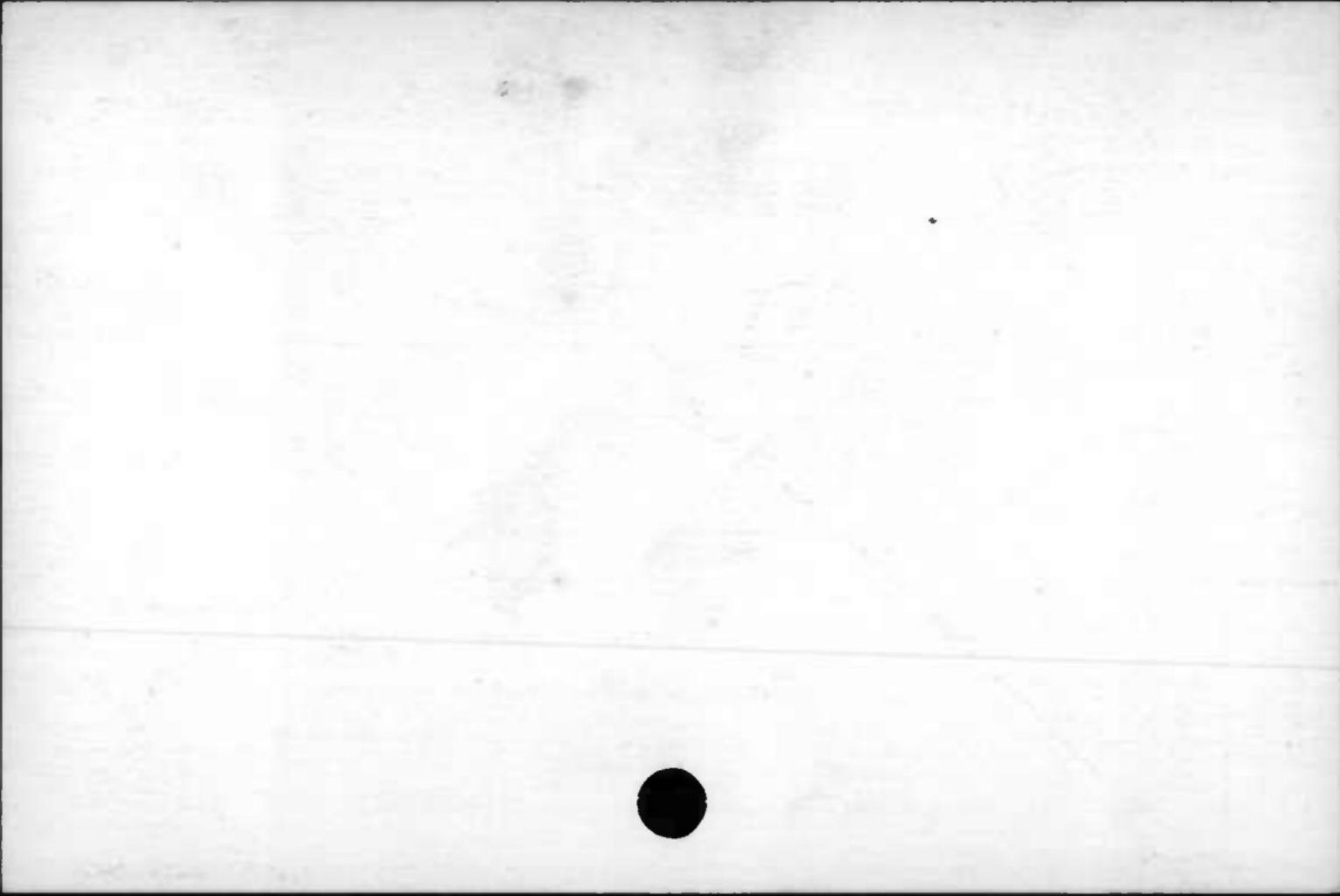
Signature of Physician

S. S. Davis

Address

Boonsboro
Md

Accident or Suicide?



Name
in
Full

Caroline F. Keets

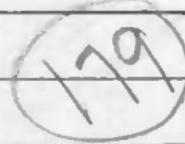
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Poco</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>23.</u>	Years <u>Age 81.</u>	Months <u>11.</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Maryland</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Neon. Knorr</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Charles Keets</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary  How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? 

Eugene Marker,
Undertaker.

The deceased attending
physician was

Mr. Nibister.

Keedysville.

Md.

Name
in
Full

Jacob Kappinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Matilda E Kappinger	Ranaysville
Father's Name	David Kappinger		
Mother's Maiden Name	Catharine Snyder		
Name of person giving information	Matilda C Kappinger		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Microbes

Immediate

Gastric carcinoma

Are the name, age, sex, color, date and place correctly given above?

Yes

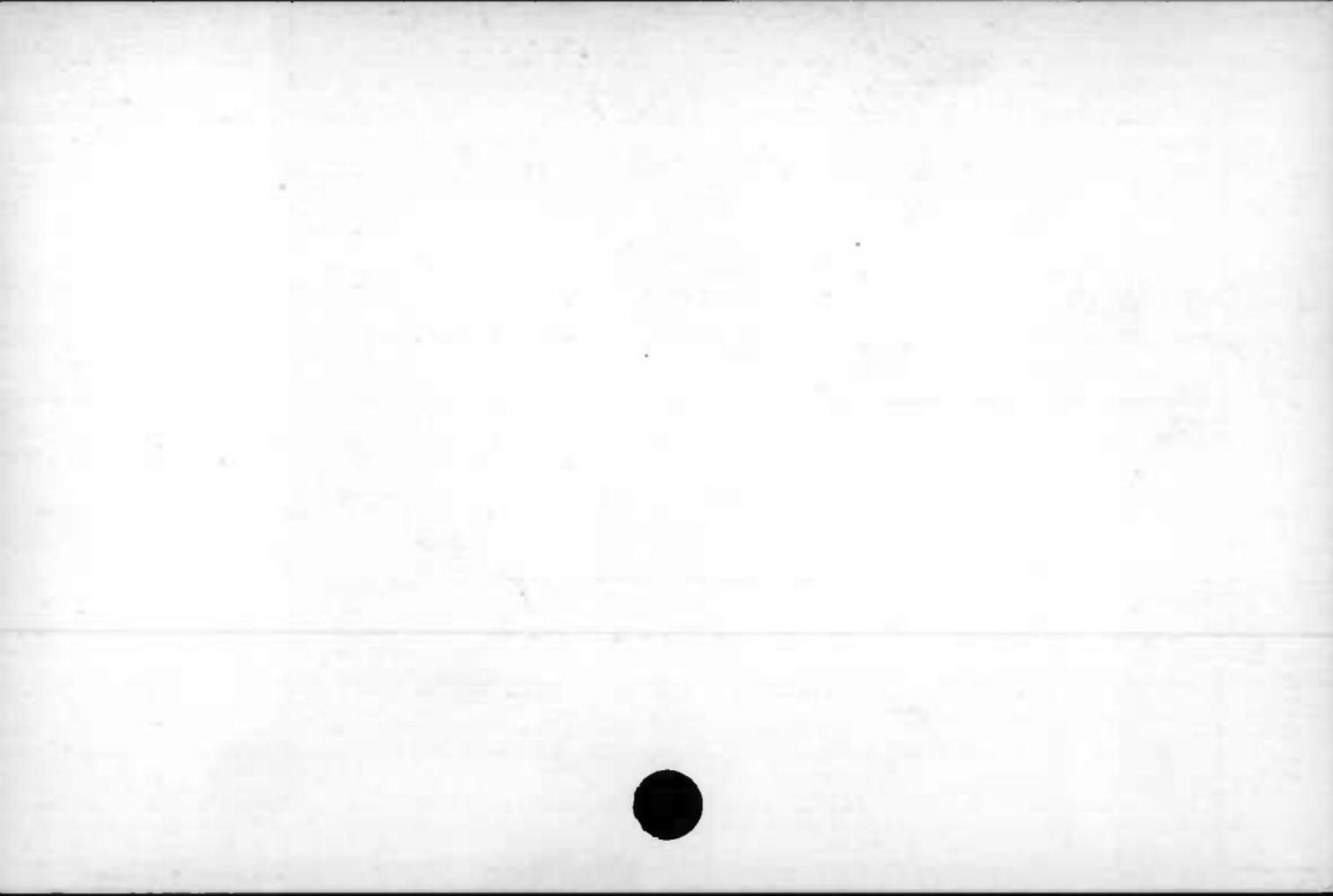
Signature of Physician

Address

W M Nihiser

Speedsville
Maryland

Accident or Suicide?



Name
in
Full

Bertha Elizabeth Klire

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	28	6 23
Occupation	Housewife		Where Residing if not at place of death	Boonsboro	
Married, Single or Widowed	Name of Wife or Husband	Lennel Klire			
Father's Name	leharles Shaffer		Father's Birthplace	Fred. Leo	
Mother's Maiden Name	Ro ogle		Mother's Birthplace	Fred Leo	
Name of person giving information	Lennel Klire		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Abortion

How long

Eight-days

Immediate

Peritonitis

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

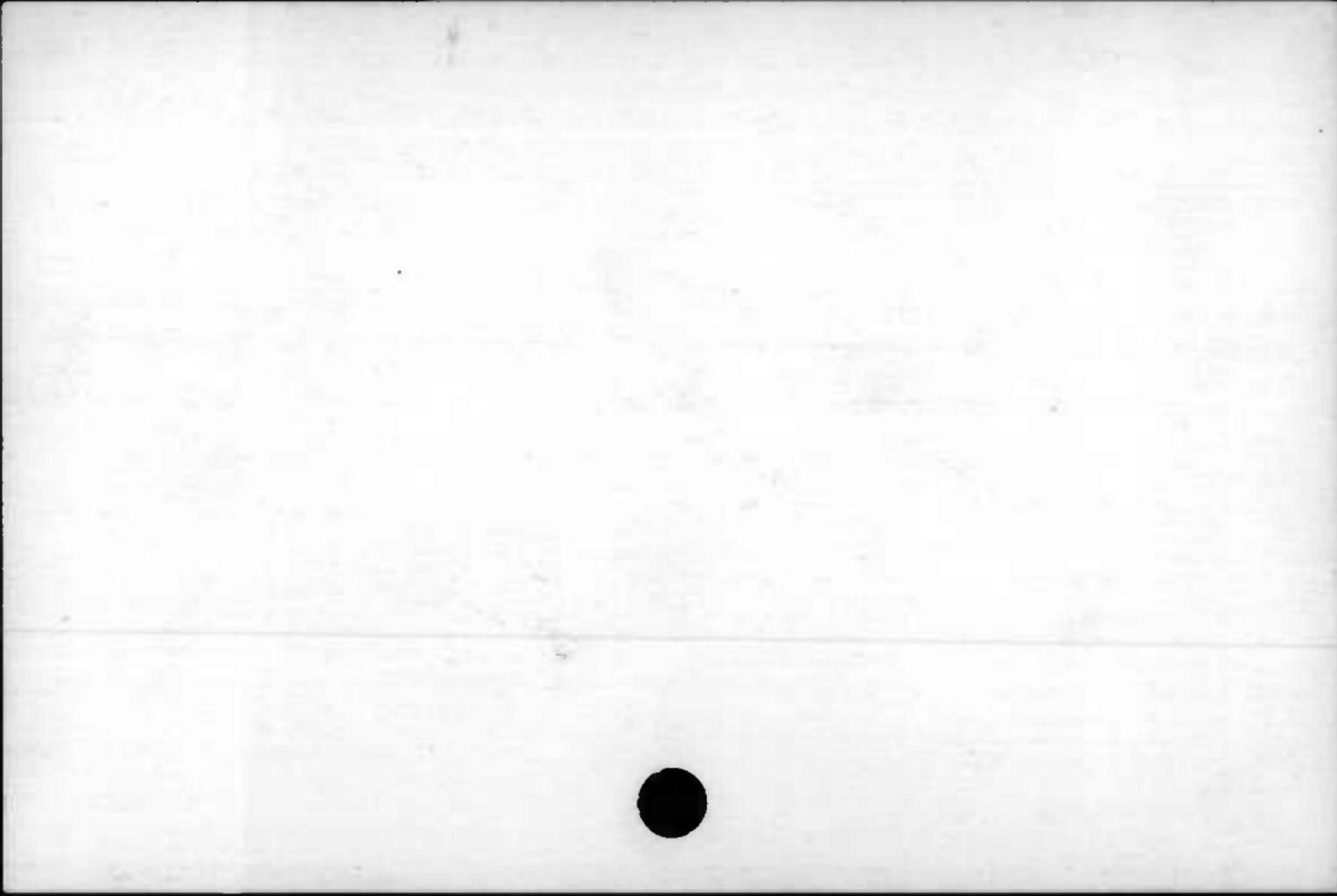
Yes

Signature of Physician

Address

E. L. Smith
Boonsboro
Md

Accident or Suicide?



John Raymond Kline

Town

County

Died at

Sandy Hook

Washington

MARYLAND

Date

1905

Month Aug

Day 3

Y.

M.

D.

Native of

Occupation

Male

Month

White

Age

14

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Father's

Name

Chas. G. Kline

Mother's

Minnie E. Kline

Cause of

Primary

Cholera Infantum

How long sick

one month

Death

Immediate

Brain Fever

~~Accident, Suicide, Homicide~~

Reported by

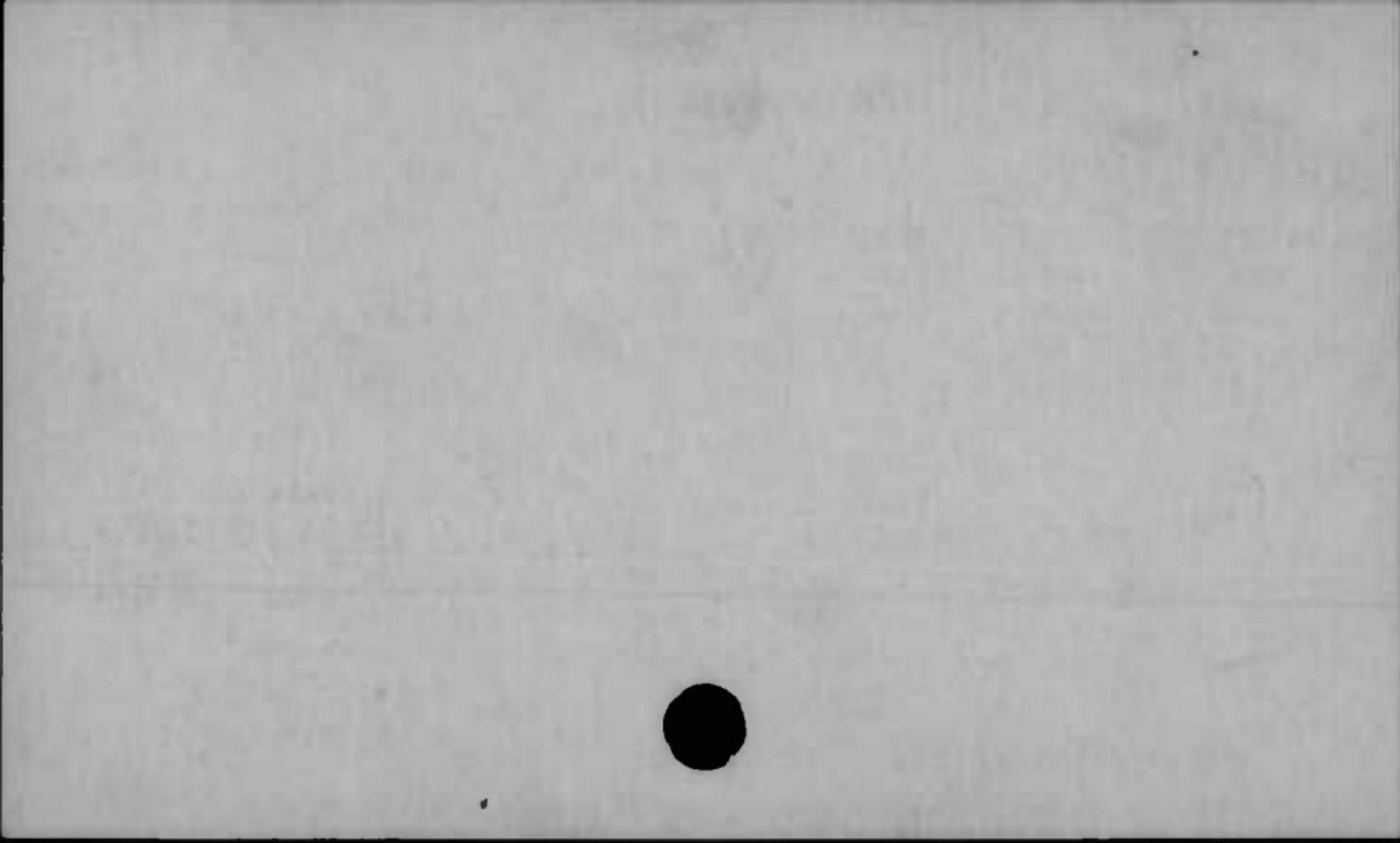
Dr B. B. Ranson

Address

Harpers Ferry

West Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

May
Amie E. Knodle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Femal e	Color or Race	white	Birth- place	md.
Married, Sing'le or Widowed	—	Occupation	—		
Name of Wife or Husband	—				
Father's Name	Benjamin F. Knodle			Father's Birthplace	md
Mother's Maiden Name	Pearl Hattie Borne.			Mother's Birthplace	md
Name of person giving Information	Benjamin F. Knodle			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	cholera infantum	✓ 15	How long	2 day
Immediate	Toxaemia.		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	Victor O'Neill, Jr. St. Agnes' Hospital Md.
Accident	—			

Name
in
Full

Bruce S. Lamer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	21	—	10
Occupation	Farmers	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Bessie E Bolinger			
Father's Name	Lewis Lamer	Father's Birthplace Burkittsville, Md.				
Mother's Maiden Name	Susan L Snyder	Mother's Birthplace Boonsboro, Md.				
Name of person giving Information	Austin A Lamer	How related to deceased Brother				

CAUSES OF DEATH

Primary	Typhoid Fever	✓	How long	2 to 3 weeks
Immediate	Gastritis	✓	How long	5 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

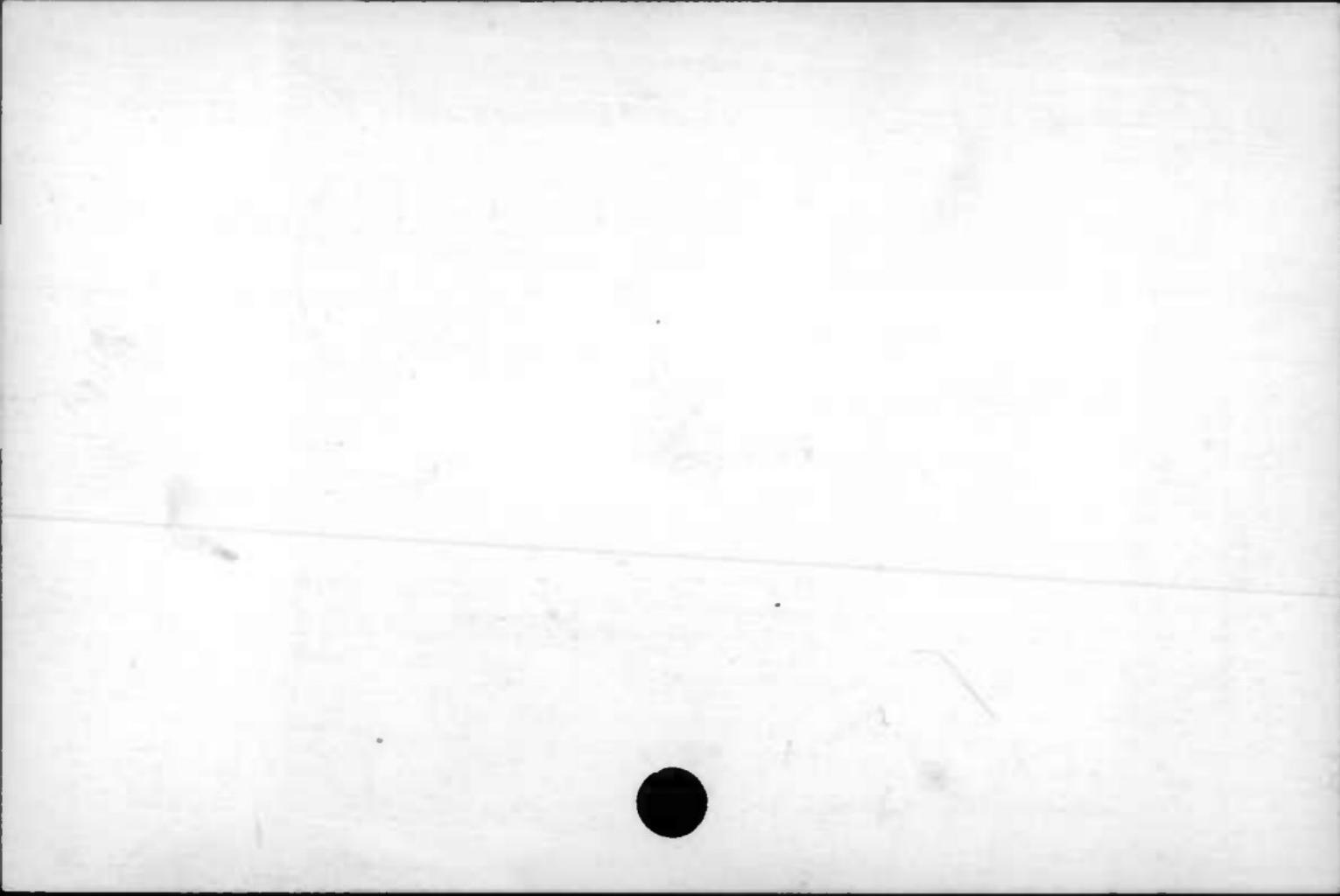
Signature of Physician

yes

Address

Austin A. Lamer, M.D.
Middletown,
Md.

Accident or Suicide?



Name
in
Full

Mrs. Lydia Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died <u>near Greencastle</u>		Town	County <u>Franklin</u>		Person MARYLAND	
Date of death	1903	Month <u>Aug</u>	Day <u>19</u>	Years <u>52</u>	Age	Months Days
Sex <u>female</u>	Color or Race <u>white</u>				Birth- place <u>Waynesboro</u>	
Occupation <u>Housekeeper</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife of Husband <u>Geo W Layman</u>					
Father's Name <u>Solomon Bitner</u>						Father's Birthplace
Mother's Maiden Name <u>Elizabeth Ferguson</u>						Mother's Birthplace
Name of person giving Information <u>Franklin Layman</u>						How related to deceased <u>Son</u>

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Cystitis

13

How long

13 years

Immediate

Pardysis of Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

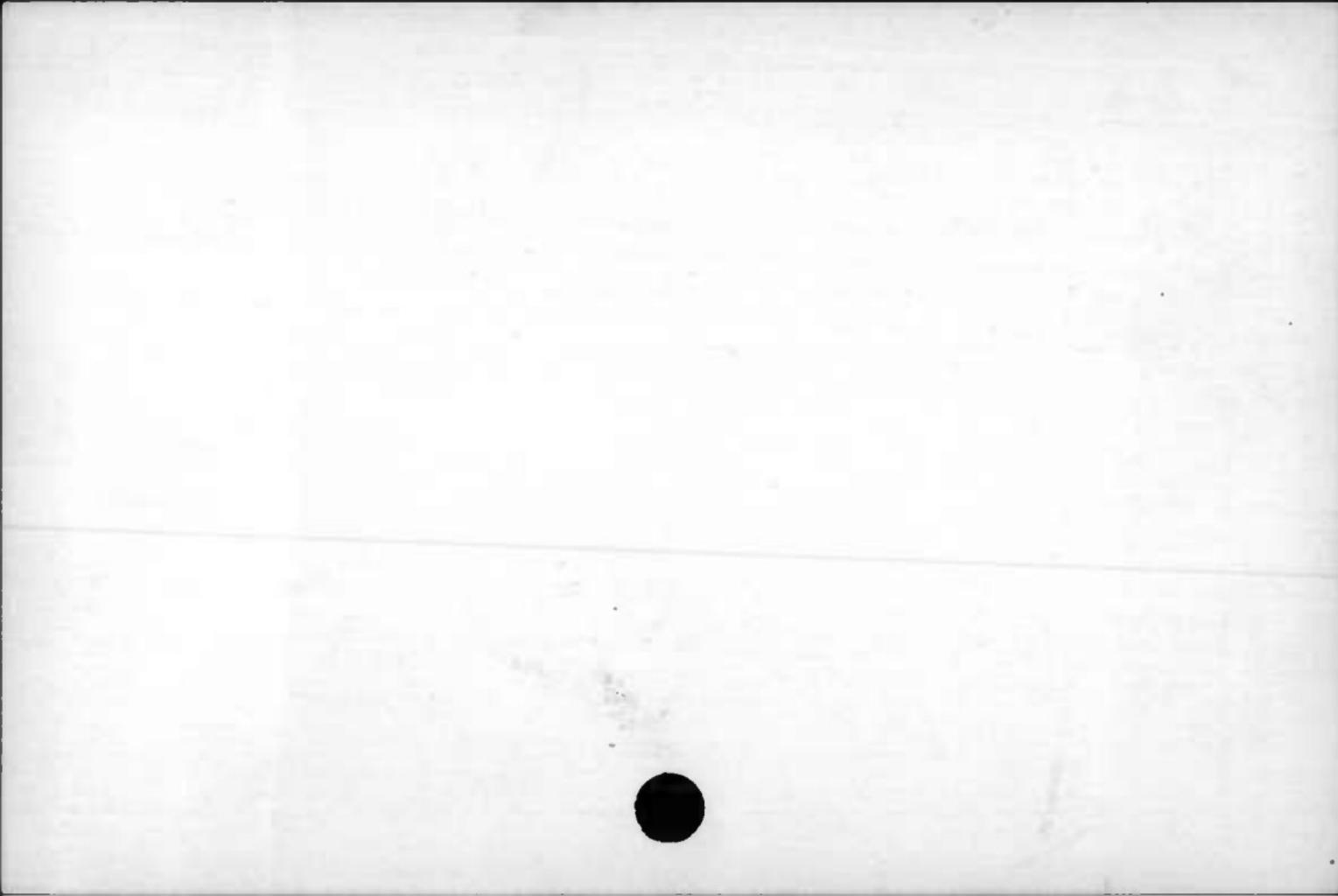
Yes

Signature of
Physician

Addres

J. F. Howell
Greencastle, Pa

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

POLICE
OR CORONER

William H. Ludeyau

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Germany		
Mother's Maiden Name	Jasper Ludeyau	Mother's Name	Germany		
Name of person giving information	Martha Lunders	How related to deceased	Brother		
John Ludeyau					

CAUSES OF DEATH

Primary	Multiple Neuritis	X	How long	7 months
Immediate	Heart Failure		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

David A. Ceraurus
Hagerstown Md.

Address

Accident or Suicide?

Young meadowlarks

Name
in
Full

William F. Long

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Hagerstown	Washington			
Date of death	1908	Month	8	Years	Days
Age	67				
Sex	Male	Color or Race	White	Birth- place	Md
Occupation	Shoemaker			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Long		
Father's Name	George Long			Father's Birthplace	
Mother's Maiden Name	Elizabeth Leyer			Mother's Birthplace	
Name of person giving Information	Samuel B. Long			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis & Nephritis

(?)

Immediate Kraemnia

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

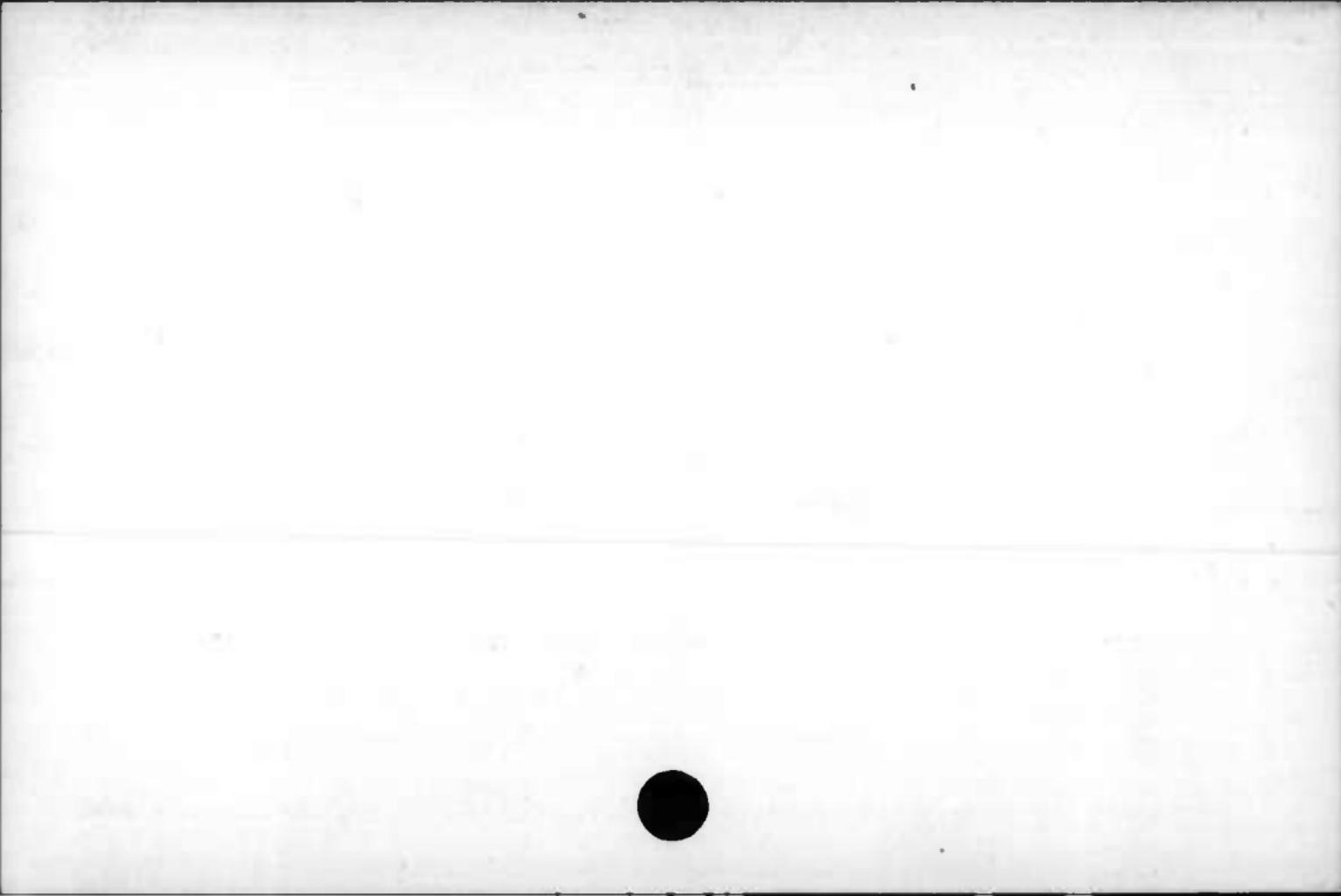
Signature of
Physician

Address

J. C. D. Miller, Jr.
Hagerstown Md

Accident or Suicide?

No



Name
in
Full

Charles B. Lyne

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month August	Day 16 th	Years 71	Months 6	Days
Sex Male	Color or Race White	Birth-place W.VA Shepherdstown			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary E. Lyne	Father's Birthplace W.VA Shepherdstown			
Father's Name Jacob Lyne	Mother's Birthplace W.VA Shepherdstown				
Mother's Maiden Name Mary Wyaong	How related to deceased Son				
Name of person giving information Charles A. Lyne					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A complication of non-contagious disease	How long several years
Immediate Bronchitis	(X)	How long 8 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Howell Esarey	Address Sharpsburg Md.
Accident or Suicide?		

R.S.H. Hoffman
Undertaker

Name
in
Full

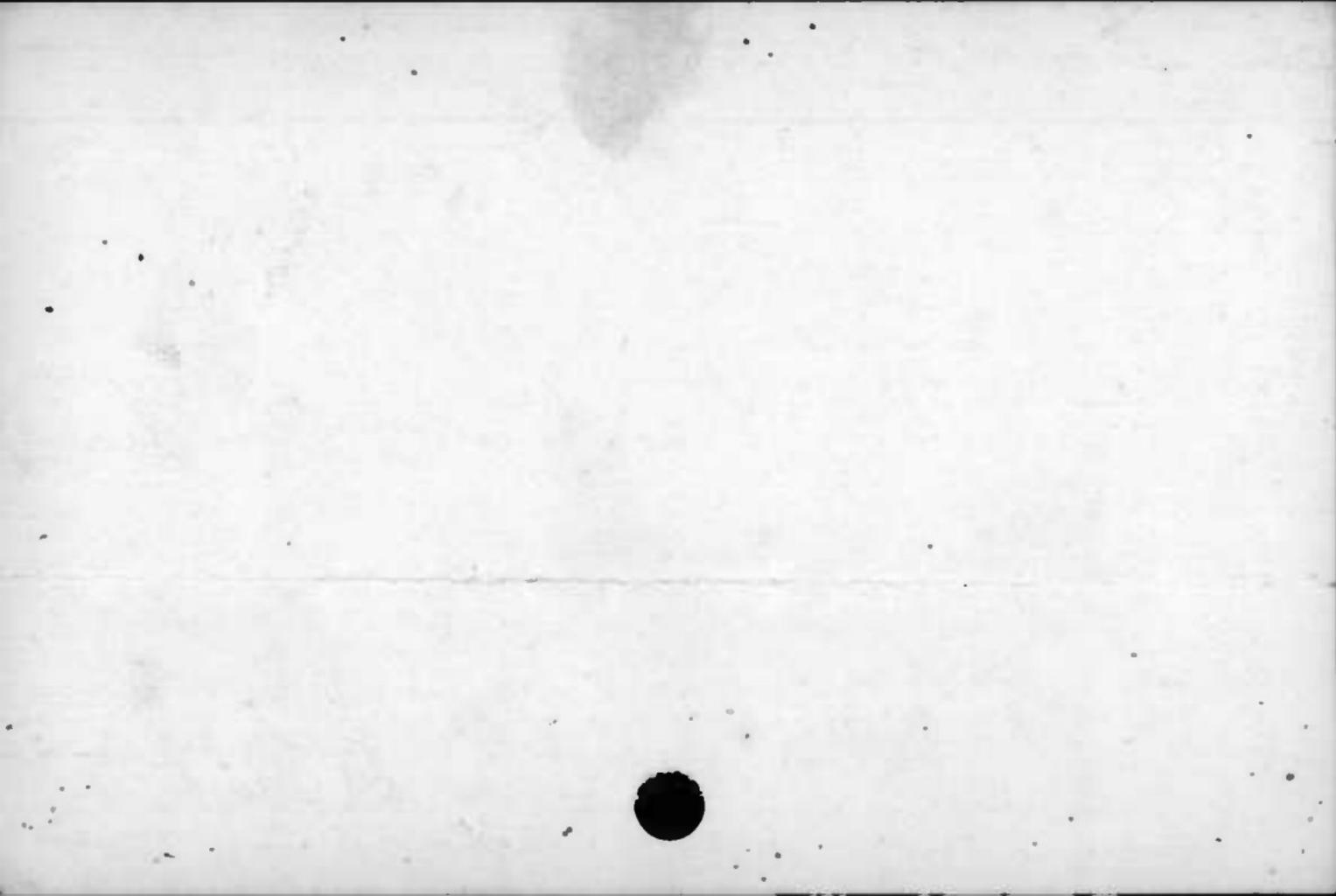
Beth Larena McCaulley 267-262

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Cheeville	
Father's Name	J. C. McCaulley		Mother's Birthplace	Beaver Creek	
Mother's Maiden Name	Ella L. Cochran		How related to deceased		
Name of person giving information	Father —				

PHYSICIAN OR CORONER.	CAUSES OF DEATH	
	Primary	Mal. degeneration
Immediate	Exhaustion of willpower	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		
Address		
Accident or Suicide? No		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Walter Mc Glane

CERTIFICATE OF DEATH

Died at	Hagerstown		County	Maryland	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph W Mc Glane				
Mother's Maiden Name	Muriel Hartley				
Name of person giving information	Joseph W Mc Glane				
CAUSES OF DEATH					
Primary	Hemorrhage			How long	six weeks
Immediate	(X) S			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. E. Pitsnogle M.D.	
			Address	Hagerstown Ind	

Accident or Suicide?

Knot Hill



Name
in
Full

Lloyd S. McDelen

CERTIFICATE OF DEATH

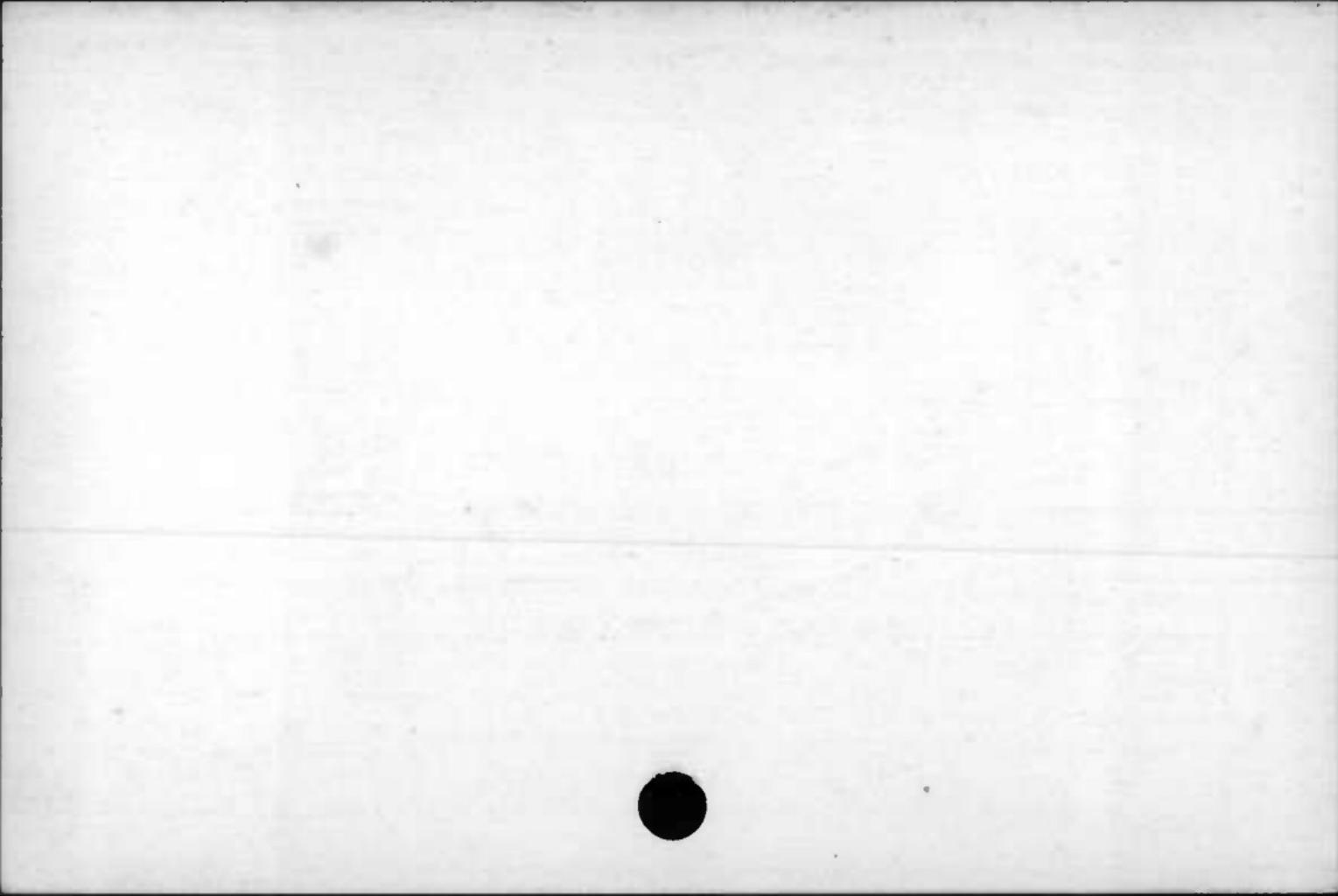
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Loy E. McDelen		Father's Birthplace	Washington D.C.		
Mother's Maiden Name	Gladys Stough		Mother's Birthplace	Md		
Name of person giving information	How related to deceased					
	Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Syphilis		How long
Immediate	Convulsions		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	O.W. Kagan
		Address	Neagostown, Md
Accident or Suicide?			



Name
in
Full

Elizabeth Marr 8/2/11

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Month	Day	Years	Munths	Days	
Date of death 1908	8	7	86	—	—	
Sex Female	Color or Race	White	Birth-place	Hagerstown		
Occupation Housewife	Where Residing if not at place of death			Hagerstown		
Married, Single or Widowed Widowed	Name of Wife or Husband	Andrew Marr			Father's Birthplace	Md
Father's Name Mays Bomberger				Mother's Birthplace	Md	
Mother's Maiden Name Catharine Betts				How related to deceased		
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lemley

15X

How long

Immediate

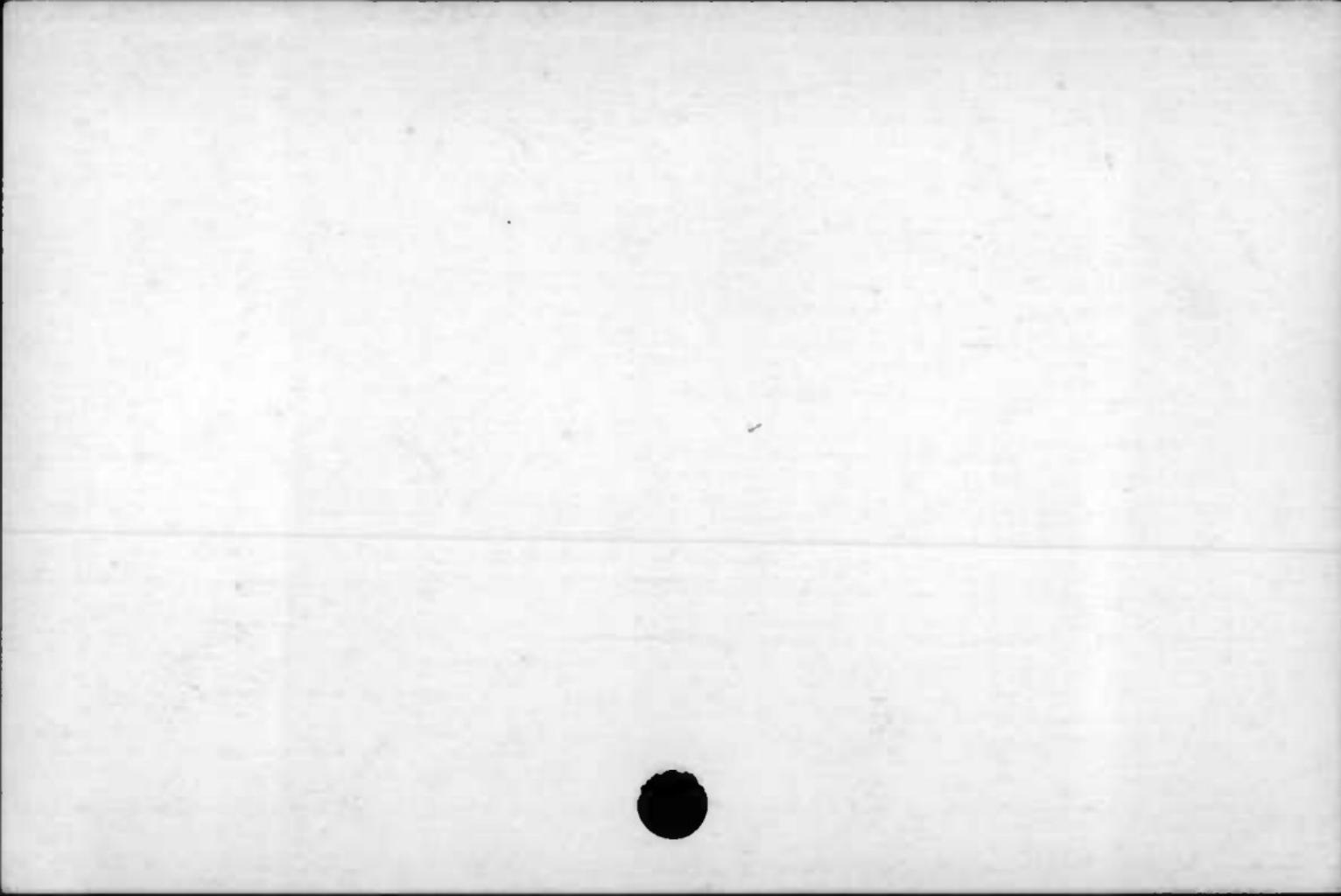
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Phoebe Miller

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Date of death 1908	Month 8	Day 27
Age 46	Years	Months
Sex Female	Color or Race White	Birth-place Md
Occupation housewife	Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband	
Father's Name Jacob Miller	Father's Birthplace Md	
Mother's Maiden Name Margaret Boward	Mother's Birthplace Md	
Name of person giving Information Margaret Miller	How related to deceased Mother	

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Obstruction of Bowels

How long

3 days,

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mary A. Laughlin

28 W. Franklin St.

Hagerstown

Accident or Suicide?

Rose Hill

Name in Full

Certificate of Death

Eva Lucille Mirley

Town

County

Died at

Sandy Hook Washington

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date +⁸⁹

1905, Aug 4

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Name

Cause of

Primary

Mother's
Name

Immediate

Death

Reported by

Dr B.B. Parson

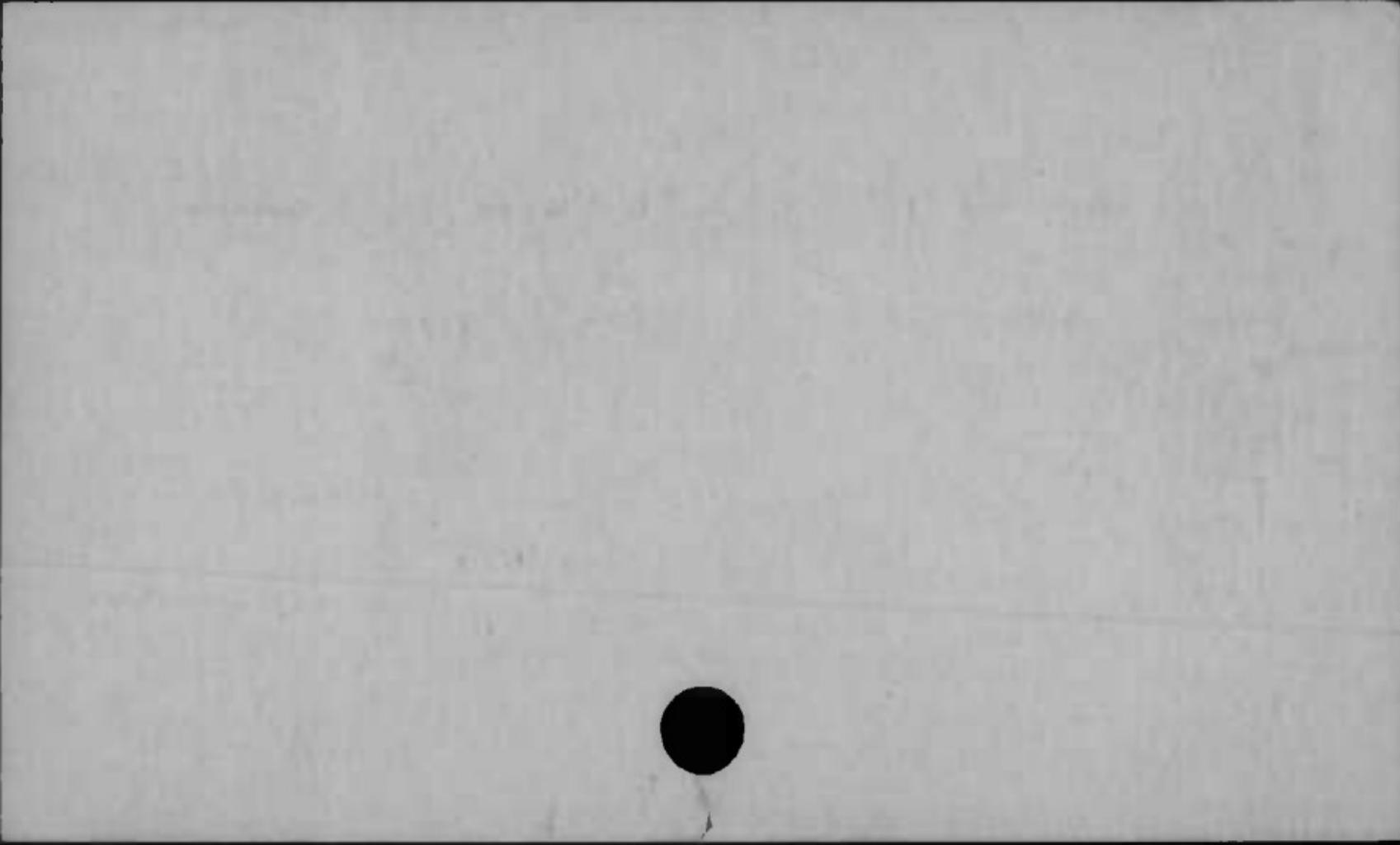
Address

Barney Ferry

How long sick
one week.

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by sponsor, undertaker or minister.



Name
in
Full

Robert Moxby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hayes town	Town	Washington	County	MARYLAND	
Date of death 1905	Month 8	Day 11	Years —	Months 2	Days 2nd
Sex Male	Color or Race Colored	Where Residing if not at place of death	Birthplace		
Occupation Teacher					
Married, Single or Widowed	Name of Wife or Husband	Father's Name Edgar Moxby	Father's Birthplace MD		
Mother's Maiden Name Nellie Finch	Mother's Birthplace Wayneboro PA				
Name of person giving Information Edgar Moxby	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	13	How long
Immediate	Heart Failure		How long

Are the name, age, sex, color, date and place correctly given above?

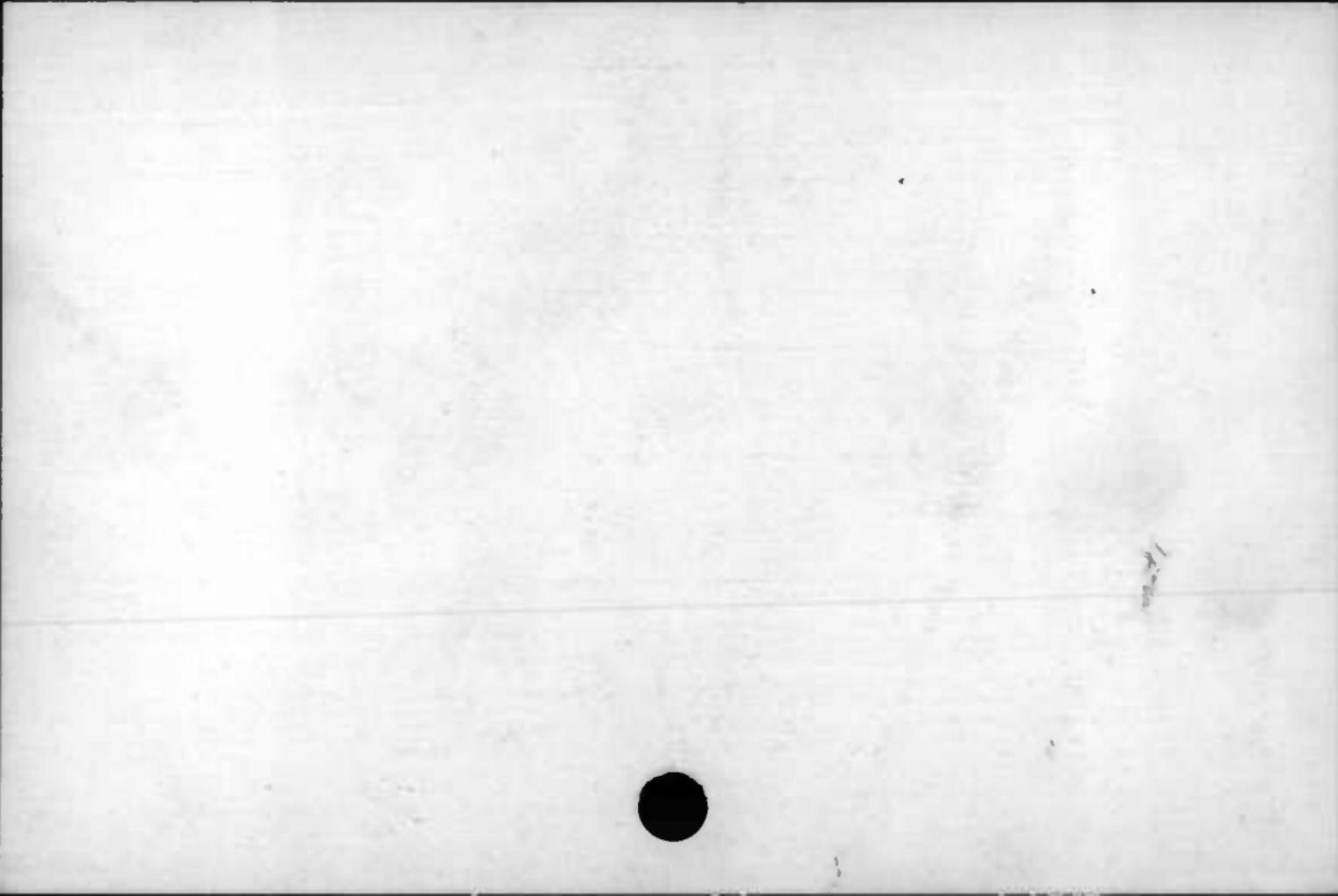
Yes

Signature of Physician

Address

A. Coffman
Hayes town MD
Undertaker

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mrs Priscilla G. Negley.

CERTIFICATE OF DEATH

Mass-
MARYLAND

Died at Town

County

Date Month Day

Years

Munths

Days

of death 1905

8 23

Age

75

Sex

Color or
Race

white

Birth-
place

Mass

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wm.
Husband

widow

Peter

Negley

Father's
Name

Geo. Hazzle

Father's
Birthplace

Mass

Mother's
Maiden Name

Not known

Mother's
Birthplace

Name of person giving
Information

J. B. Lasser

How related
to deceased

sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

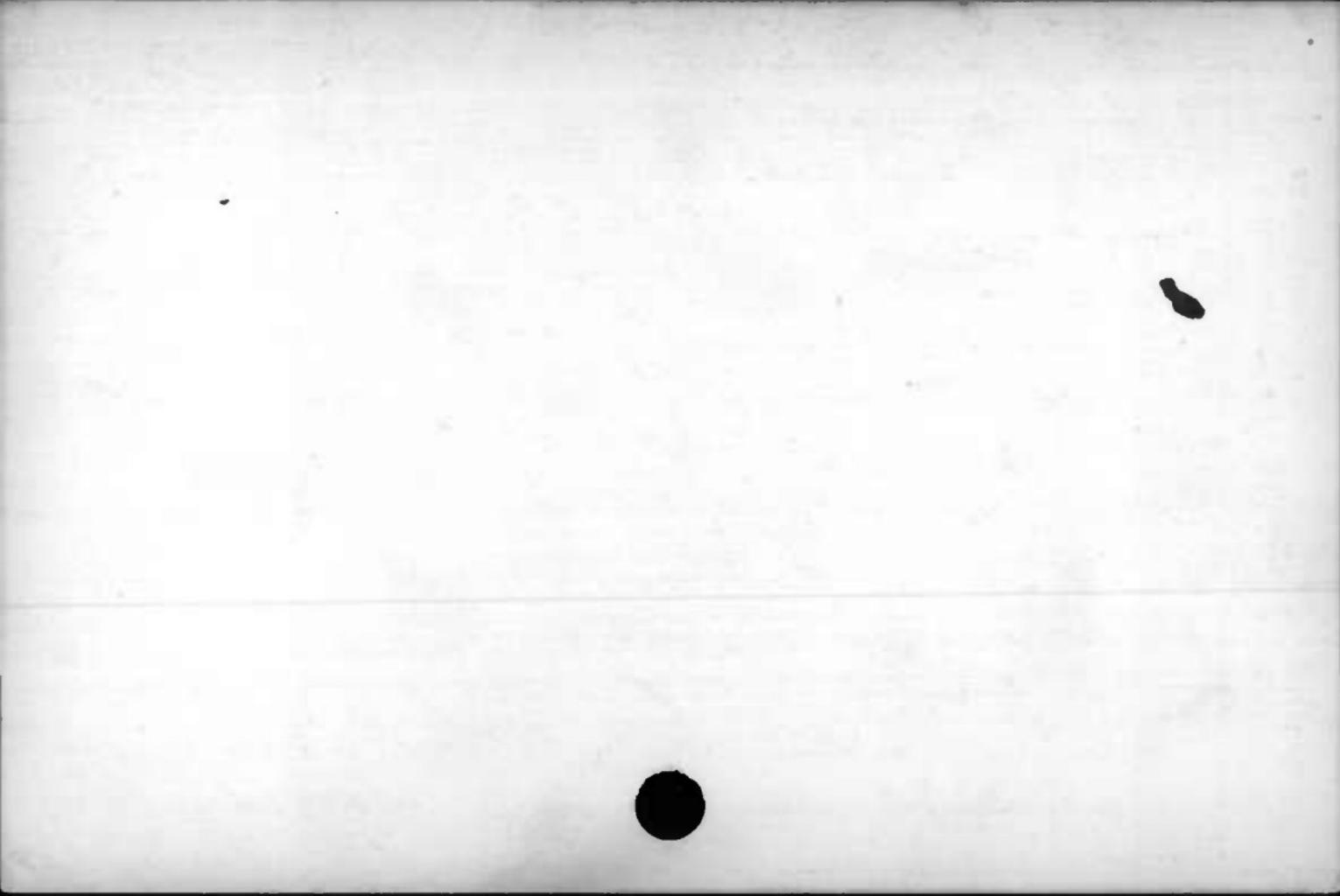
Accident or Suicide?

Dysentery

yes

Gustavson

Understated
Xagerstrom



Name
in
Full

Camilla Potts

259

CERTIFICATE OF DEATH

To BE ANSWERED BY
• NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bob W Potts				
Mother's Maiden Name	Elizabeth Harsh				
Name of person giving Information	Geo W. Potts.				
Father's Birthplace	Petersburg				
Mother's Birthplace	Williamsport				
How related to deceased	Father				

CAUSES OF DEATH

Primary

Illo-coletis

How long

few days

Immediate

Illo-coletis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

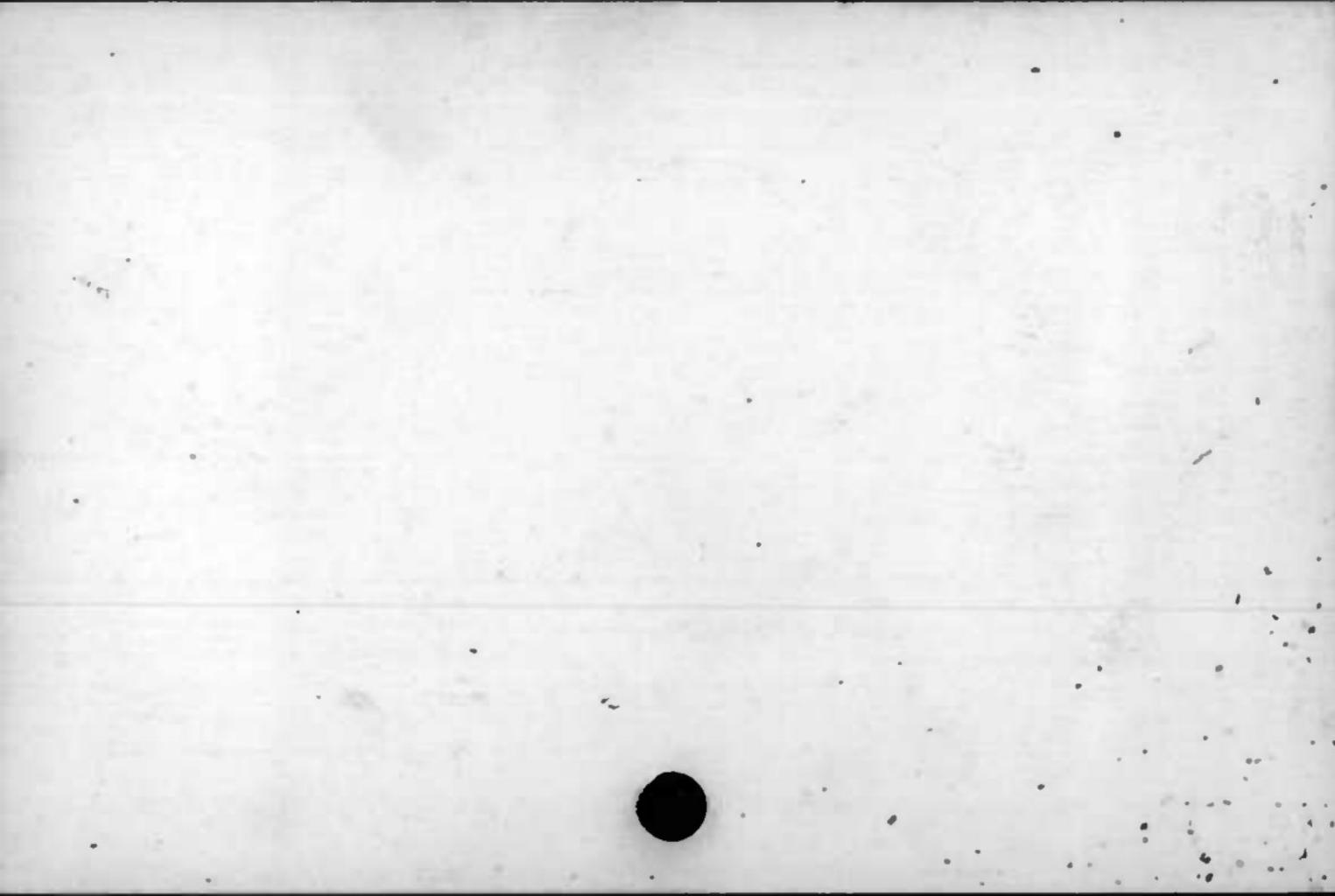
Signature of Physician

Address

Dr. J. Leslie
Williamsport

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Ernest Sell Reese

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND
Died at Beaver Creek Washington				
Date of death 1905 Aug	Month	Day	Year	Months Days
Sex male	Color or Race	white	Birth-place	Maryland
Occupation	Where Residing if not at place of death			Beaver Creek
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Samuel Reese			Father's Birthplace Maryland
Mother's Maiden Name	Della Foster			Mother's Birthplace Maryland
Name of person giving information	John Reese			How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ob. Defauture

How long

3 days

Immediate

Measles

How long

Are the name, age, sex, color, date and place correctly given above?

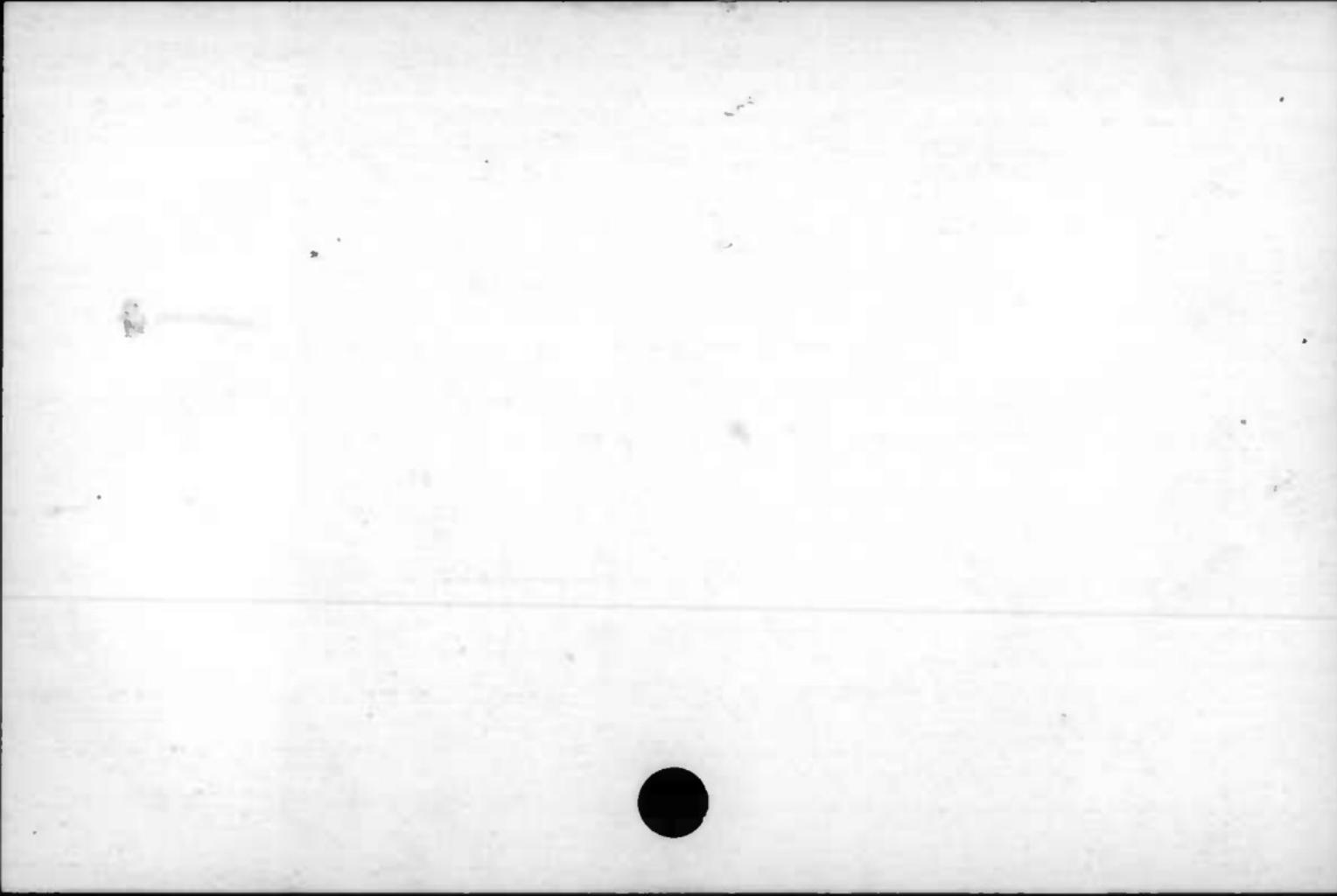
Yes

Signature of Physician

Address

J. S. Davis M.D.
Boonsboro
Maryland

Accident or Suicide?



Name
in
Full

Susan S Penikhart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Daniel B. Penikhart				
Mother's Maiden Name	Eliza A Miller				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	droopy	✓	How long	3 months
Immediate		✓	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J W Umstot MD	
		Address	Hagerstown Md	
Accident or Suicide?				

Bury in Chelmsford
Matthew

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

John N. Ripple				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1905	Month 8	Day 11	Years 51	Months 2	Days -	
Sex male	Color or Race white	Birth-place Md.				
Occupation Retired Stock Dealer	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife Mrs Beasie J. Ripple					
Father's Name Lewis Ripple	Father's Birthplace Terre Haute, Ind.					
Mother's Maiden Name Elizabeth Newcomer	Mother's Birthplace Ind.					
Name of person giving Information Mrs J. N. Ripple	How related to deceased wife					

CAUSES OF DEATH

Primary

Chronic Diarrhea

How long

3 weeks

Immediate

Exhaustion

How long

1 ..

Are the name, age, sex, color, date and place correctly given above?

yes

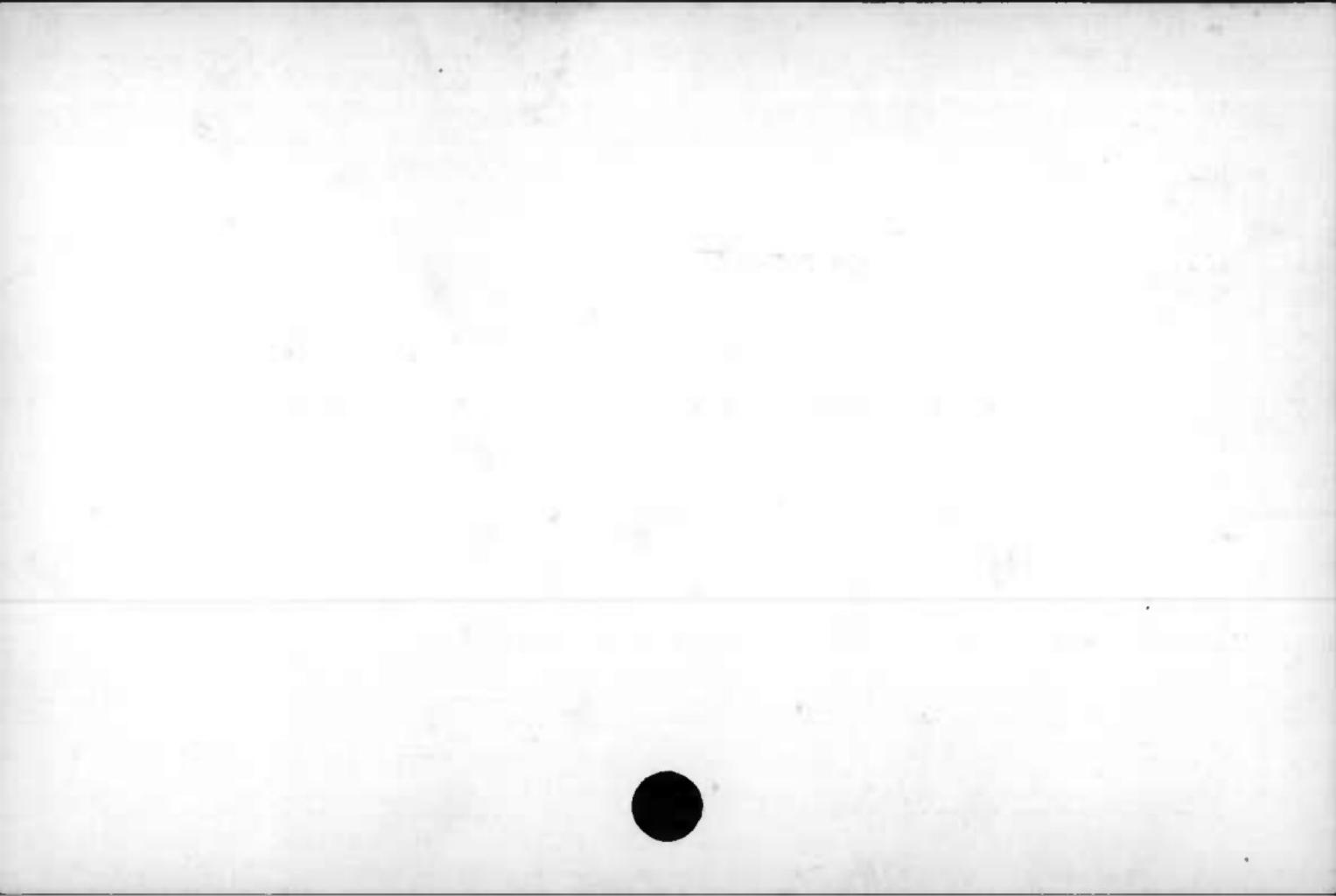
Signature of Physician

Address

Victor D. Miller, Jr.
Hagerstown, Md.

Accident or Suicide?

no



Name
in
Full

Evel S Schuck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	Place MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Eva Schuck			Baltimore	
Father's Name	John Schuck			Father's Birthplace		Md
Mother's Maiden Name	Emma Harris			Mother's Birthplace		Md
Name of person giving information	John Schuck			How related to deceased		Father
CAUSES OF DEATH						
Primary				How long		
Immediate	Suicide dose of Laudanum			How long		

PHYSICIAN
OR CORONER

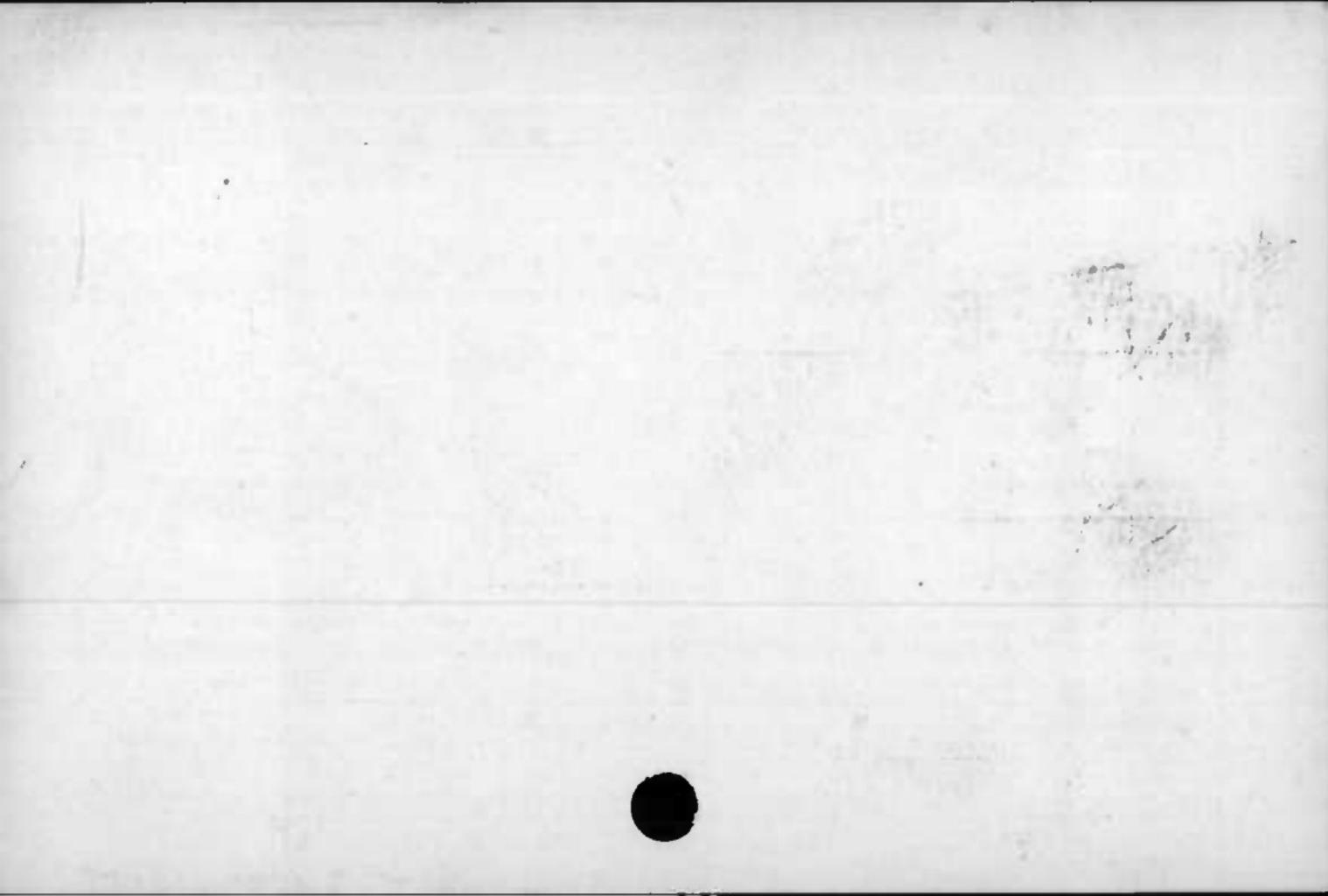
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

A. W. Bennett
Funeral Director



Name
in
Full

Louise J. Sellers

CERTIFICATE OF DEATH

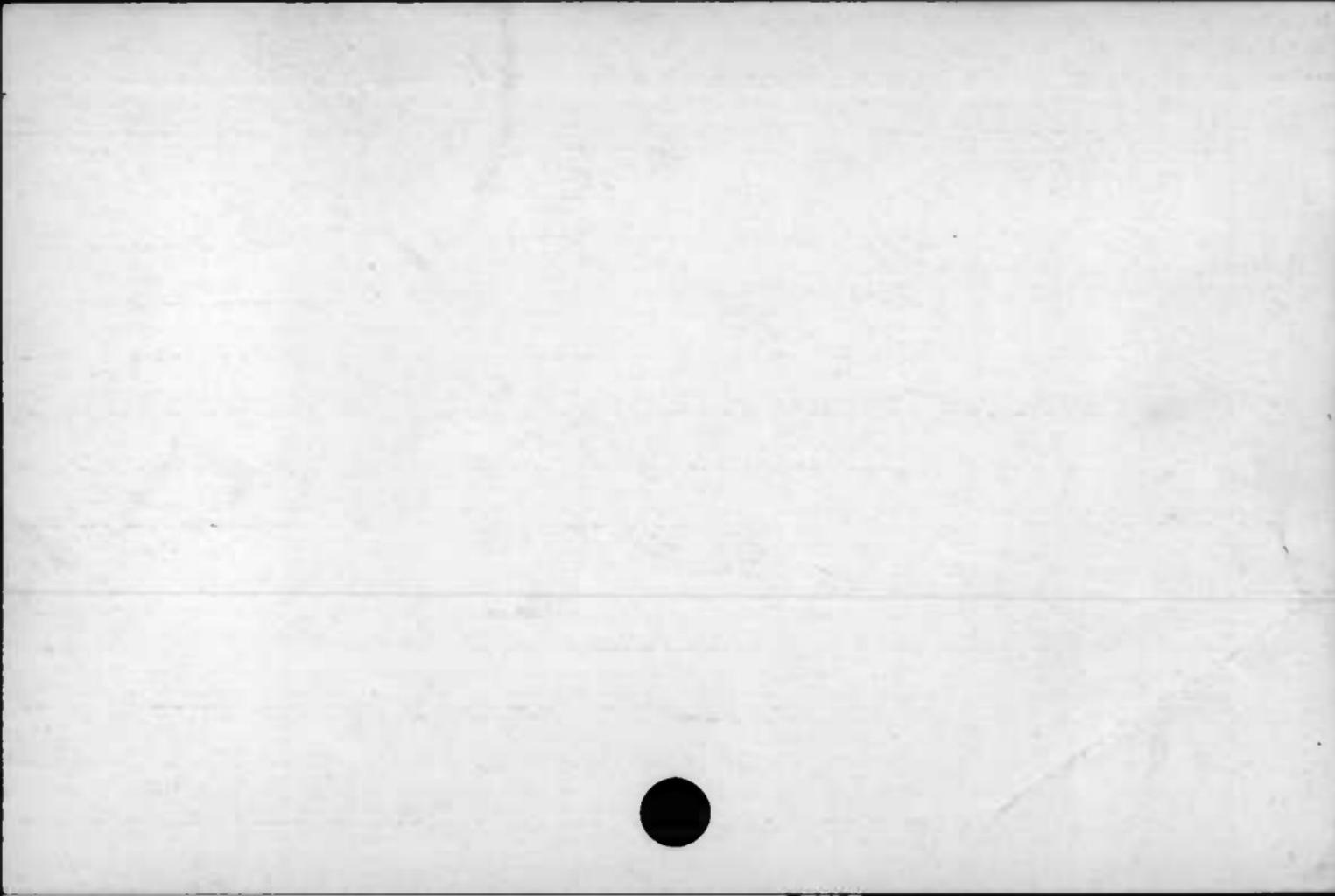
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Broadfording	Washington			MARYLAND	
Date of death	1905	Month 8	Day 22	Years 114	Months 2	Days 26
Sex	Female	Color or Race	White	Birth- place	Md	
Married, Single or Widowed	Married	Occupation				
Name of Wife or Husband	Harry A. Sellers					
Father's Name	David Pittinger			Father's Birthplace	Md	
Mother's Maiden Name	Mary A. Spangler			Mother's Birthplace	Md	
Name of person giving Information	Harry A. Sellers			How related to deceased	Son	

CAUSES OF DEATH

Primary	Dysentery		How long
Immediate	Terrorico Extravasation		How long
Are the name, age, sex, color, date and place correctly given above?	400	Signature of Physician	D. C. R. McLean M.D.
		Address	Season & Dixie Pa.
Accident or Suicide?	→		

PHYSICIAN
OR CORONER



Name
in
Full

Millard F Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Near Died at		Town	County		MARYLAND	
Date of death	1905	Month Aug.	Day 14	Years —	Munths 10	Days 14
Sex	Male	Color or Race	White	Birth- place	Smithsburg	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	John H C Smith		Father's Birthplace		Frederick co	
Mother's Maiden Name	Nellie M Byrum		Mother's Birthplace		Somerset co	
Name of person giving Information	Father of infant		How related to deceased			

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 weeks

Immediate

Collaps

How long

Are the name, age, sex, color, date
and place correctly given above?

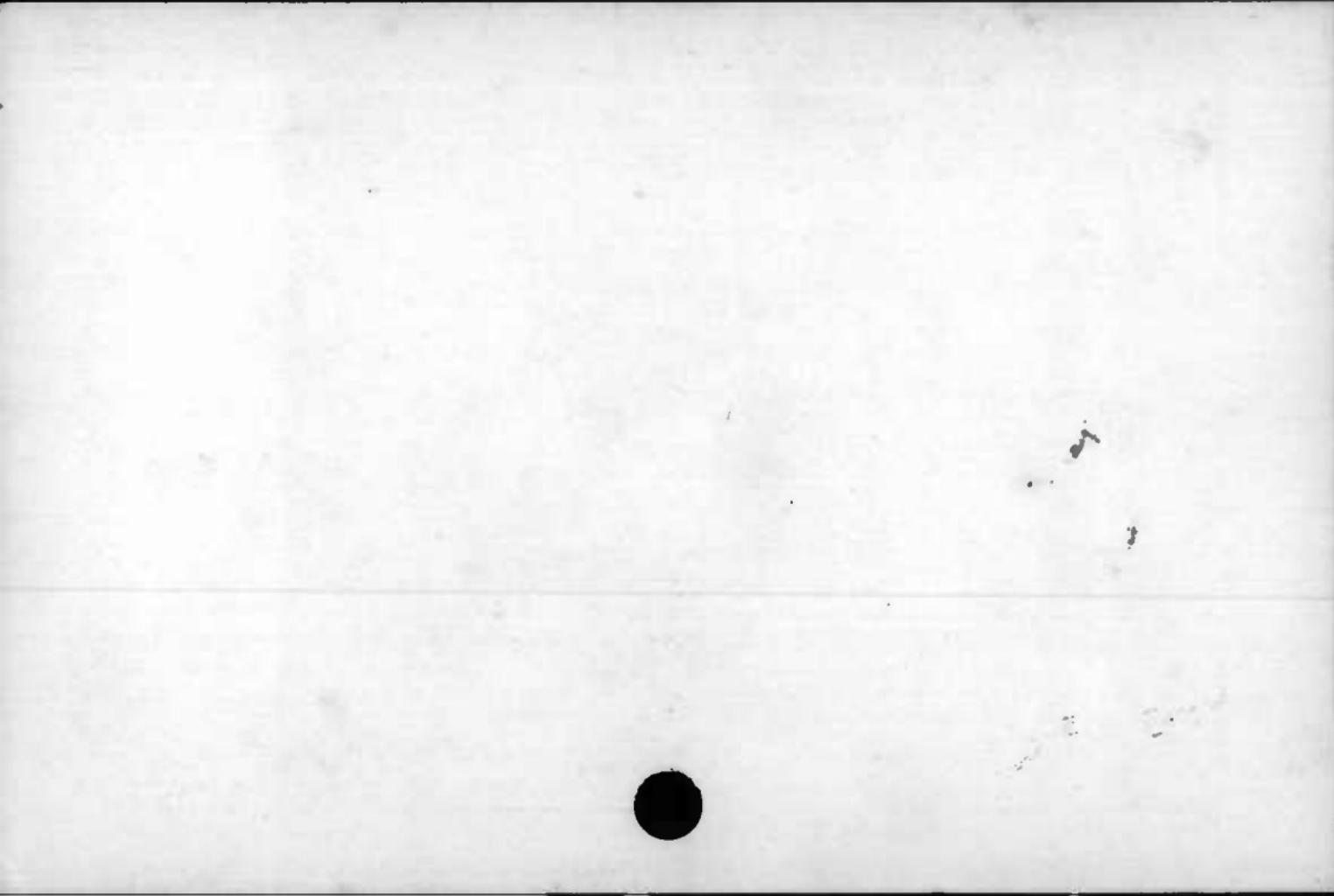
yes

Signature of
Physician

Address

J L Massie MD
Smithsburg
Mo.

Accident or Suicide?



Name
in
Full

Nellie May Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
1909	8	22	1	1	13
Sex	Female	Color or Race	White	Birth-place	Tidewater
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Smith				
Mother's Maiden Name	Maudie D. Show				
Name of person giving Information	Maudie D. Smith				
Father's Birthplace	Tidewater				
Mother's Birthplace	Lintersburg				
How related to deceased	Daughter				

CAUSES OF DEATH

Primary

Aleo. Colitis

How long

2 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

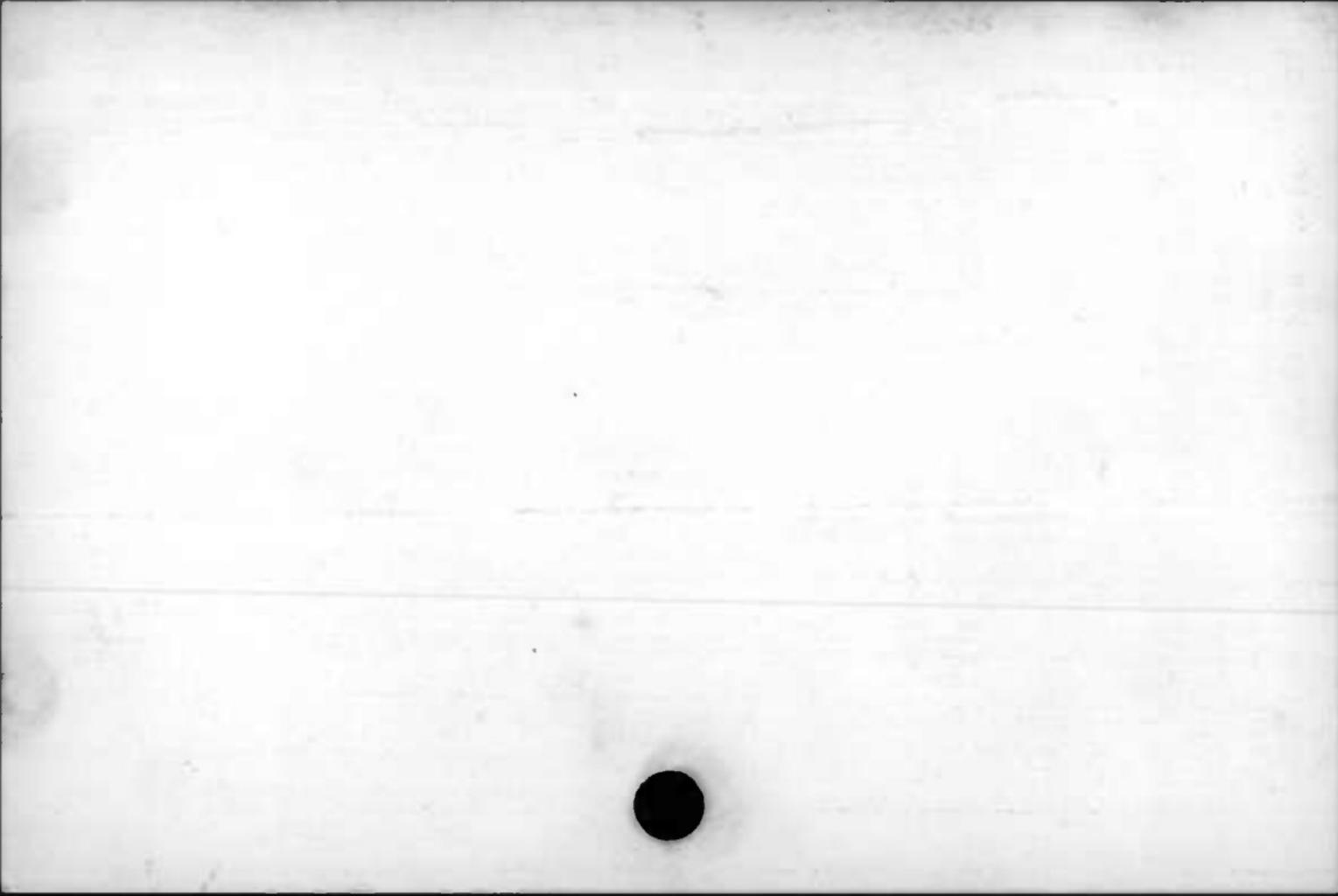
Signature of Physician

Address

V.M. Reichard
Fairplay,

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Catherine Stottemeyer

CERTIFICATE OF DEATH

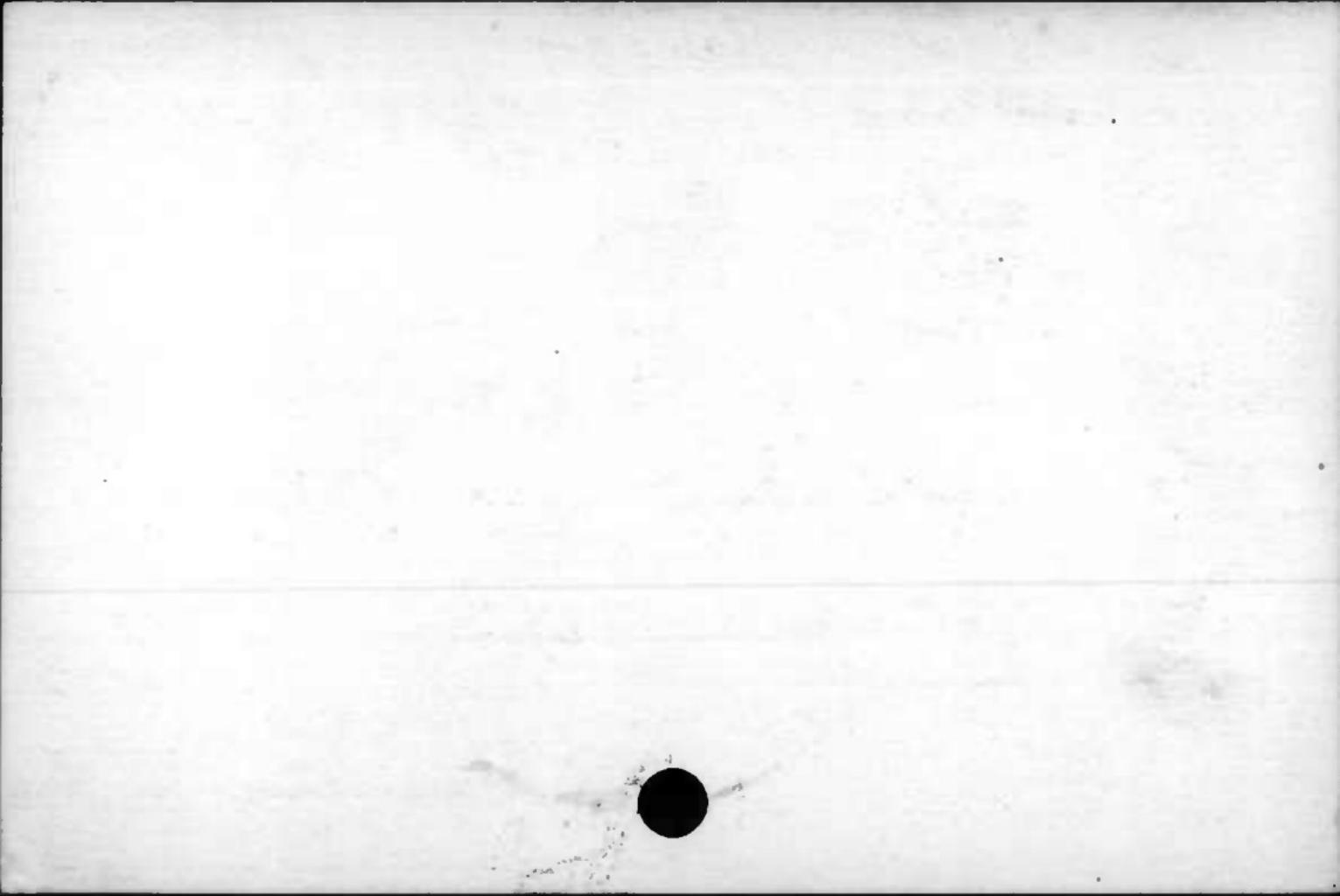
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Age 63
Occupation	H. wife	Where Residing if not at place of death	Smoke town
Married, Single or Widowed	Married	Name of Wife or Husband	Wilson Stottemeyer
Father's Name	Benj. Shuff	Father's Birthplace	F. Law
Mother's Maiden Name	Marg. Duff	Mother's Birthplace	F. Co
Name of person giving information	Wilson Stottemeyer	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colitis	How long	3 mos.
Immediate	Exhaustion	How long	Deceased.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Davis
		Address	Boonsboro Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David Stouffer

CERTIFICATE OF DEATH

Died at

Baltimore

Town

County

washington

MARYLAND

Date
of death

1905

Month

Aug

Day

18

Years

75

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Wash Cm!

Occupation

Labour.

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

✓

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

McL. Stouffer

How related
to deceased

nephew

CAUSES OF DEATH

Primary

Sunlight
Inaction

How long

6 mos

Immediate



How long

2 wks

Are the name, age, sex, color, date
and place correctly given above?

yes

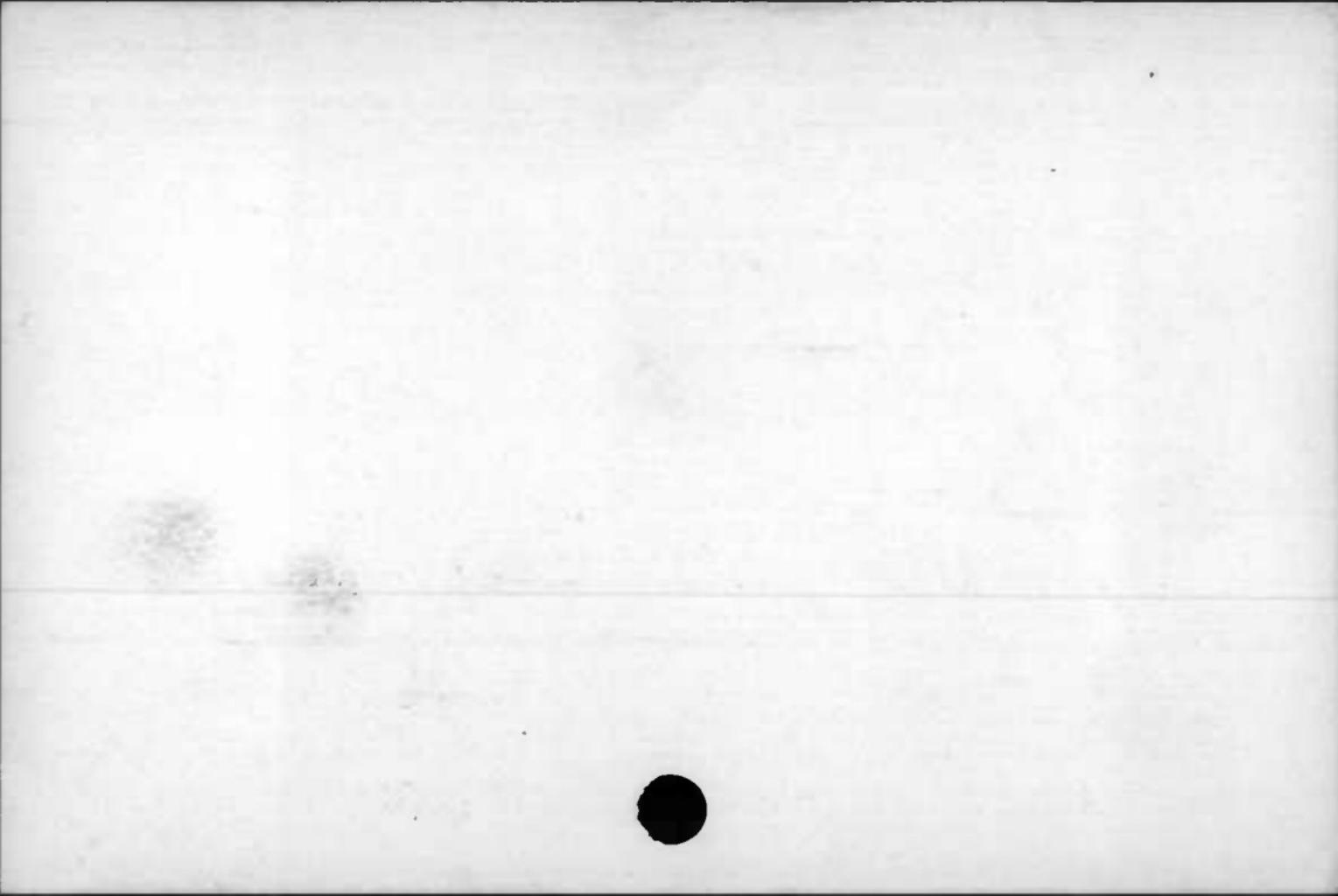
Signature of
Physician

Address

John Morrison
Hagerstown Md

Accident or Suicide?

no



Name
in
Full

Barbara Swope

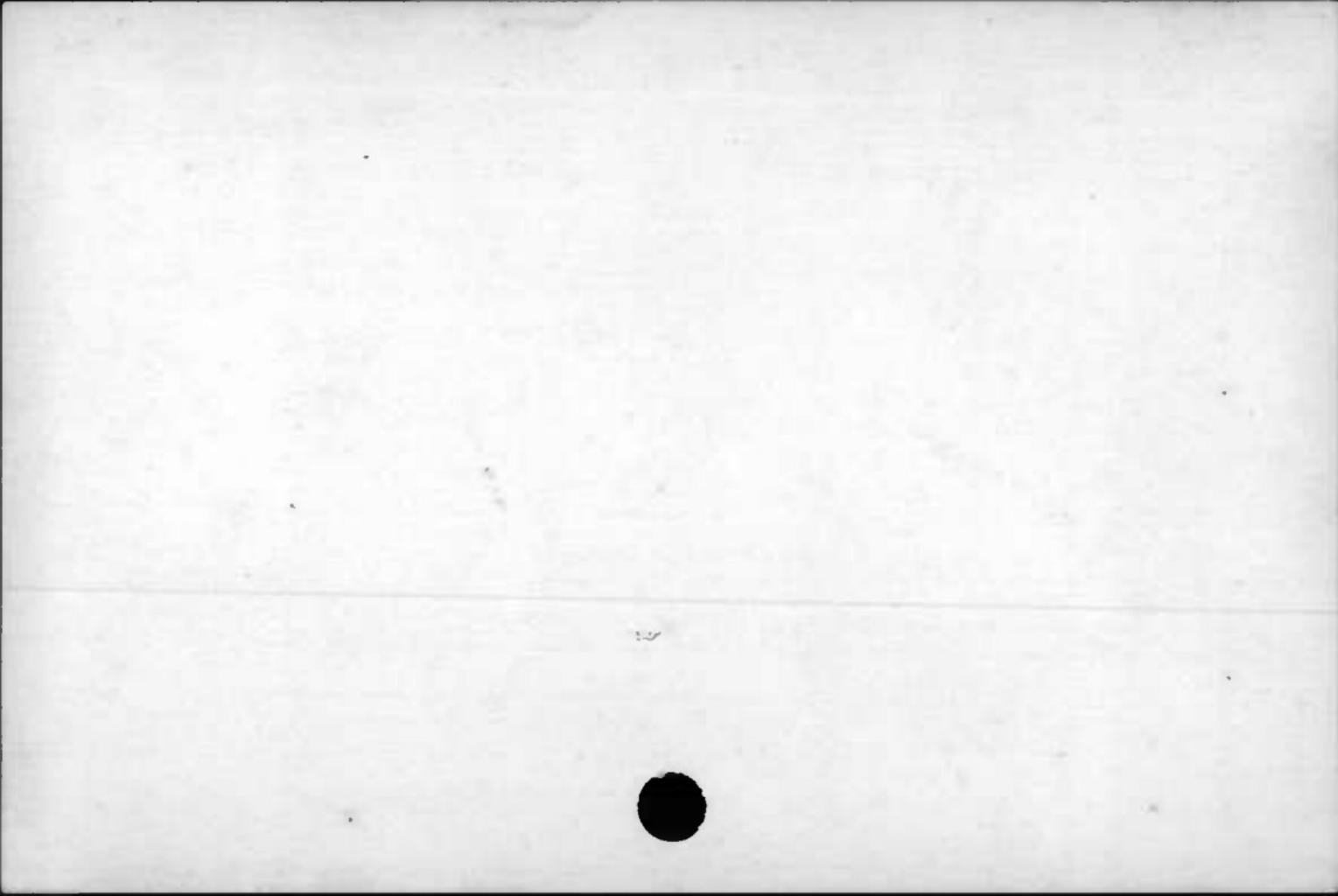
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wilson</u>		Town	<u>Brash</u> County		MARYLAND		
Date of death <u>1905 Aug 13</u>	Month	Day	Years	Age	72	Months	Days
Sex <u>Female</u>	Color or Race	<u>white</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Swoopes</u>						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <u>Geo. S. Lockler</u>	How related to deceased <u>None</u>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cronic disease of liver & spleen</u>	How long <u>8 mos</u>
	Immediate <u>Exhaustion & Dropsey</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>O.H.W. Rager M.D.</u>
<u>Frautz Brod</u> Accident or Suicide? <u>Undertaker</u>		Address <u>Hagerstown in attendance</u>



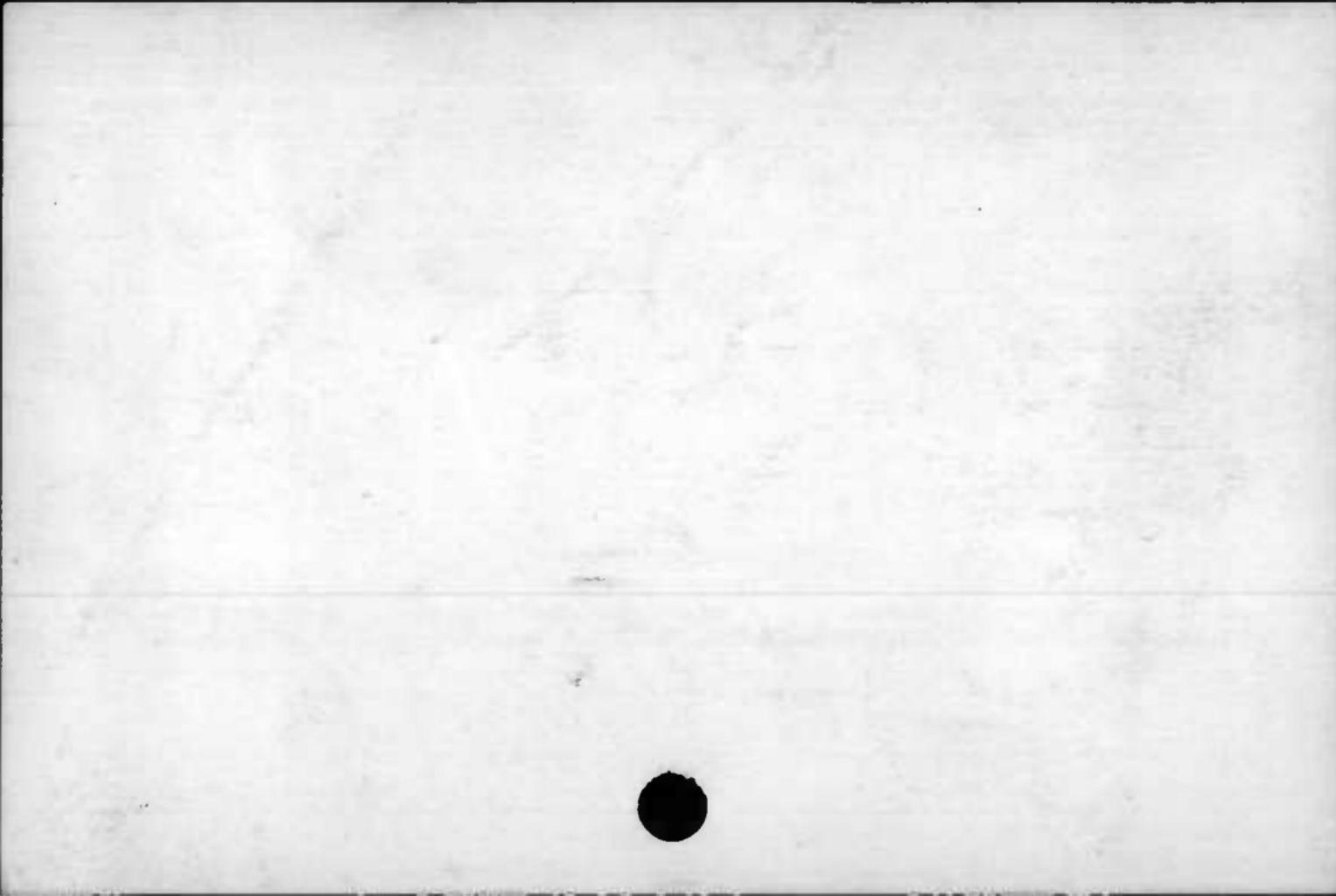
Eveline Turner

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Turner					Father's Birthplace
Mother's Maiden Name	Liday Walker					Mother's Birthplace
Name of person giving Information	Frank Turner					How related to deceased

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	✓ 6	How long	4 days
Immediate	Exhaustion		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dorsey am an agent town
			Address	
Accident or Suicide?				



Name
in
Full

Lewis Allen Weaver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	Rebecca Repp		
Father's Name	Christian Weaver			
Mother's Maiden Name	Mary Rockwell			
Name of person giving information	Mrs Weaver			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal Hemorrhage

How long

Six Month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

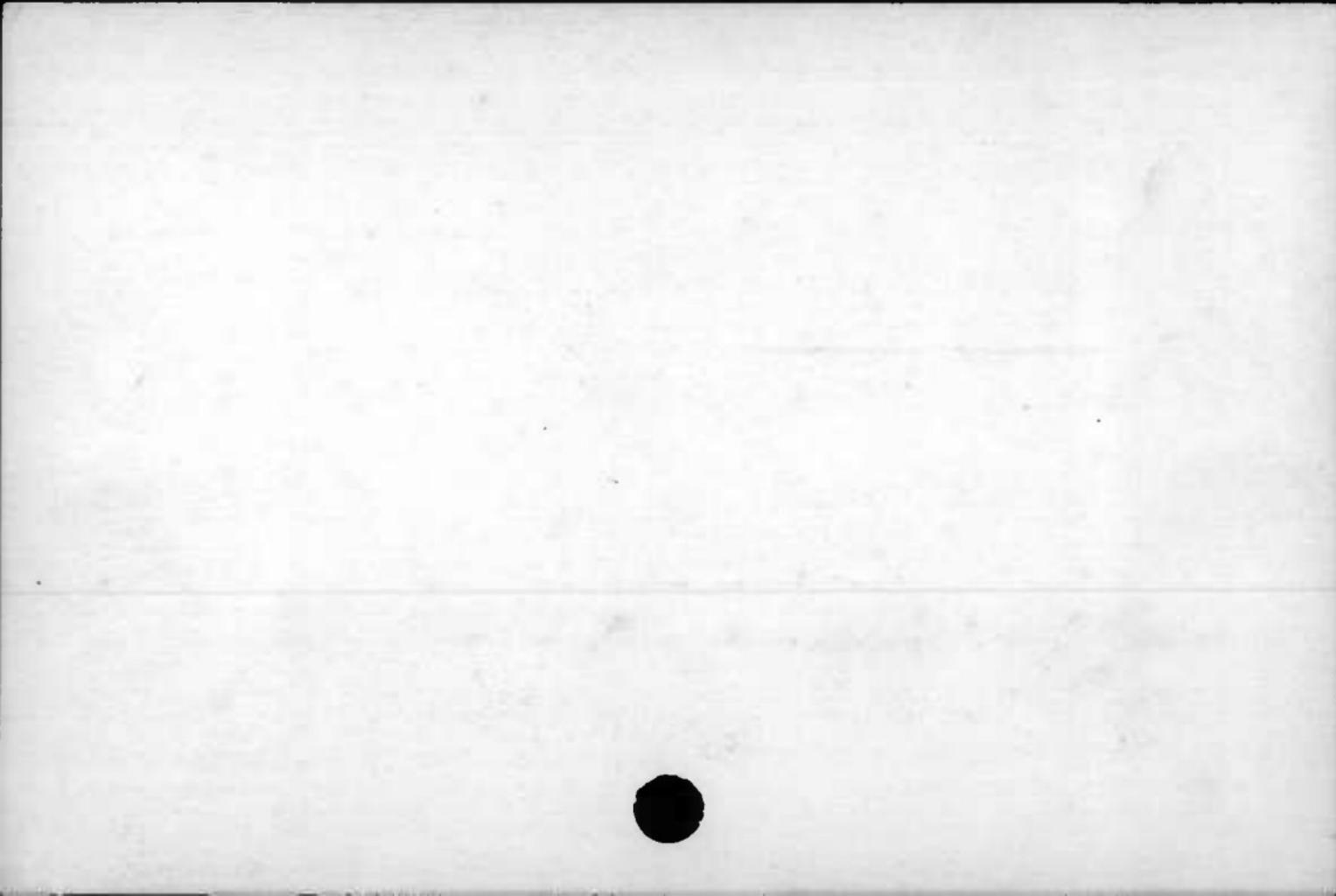
H. B. Critzman M.D.

Fairview
Md

Faith Bros

Undertakers

Accident or Suicide?



Name
in
Full

Leena Alberta Werkings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1905

Month

8

Day

6

Years

Age

Months

5

Days

25

Sex

Female

Color or
Race

white

Birth-
place

bretheds

Occupation

Nurse

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lennard J. Werkings

Father's
Birthplace

Woodsbury, N.J.

Mother's
Maiden Name

Lora A. Fox

Mother's
Birthplace

Leistersburg

Name of person giving
Information

Lennard Werkings

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Cholera Infantum

How long

3 days

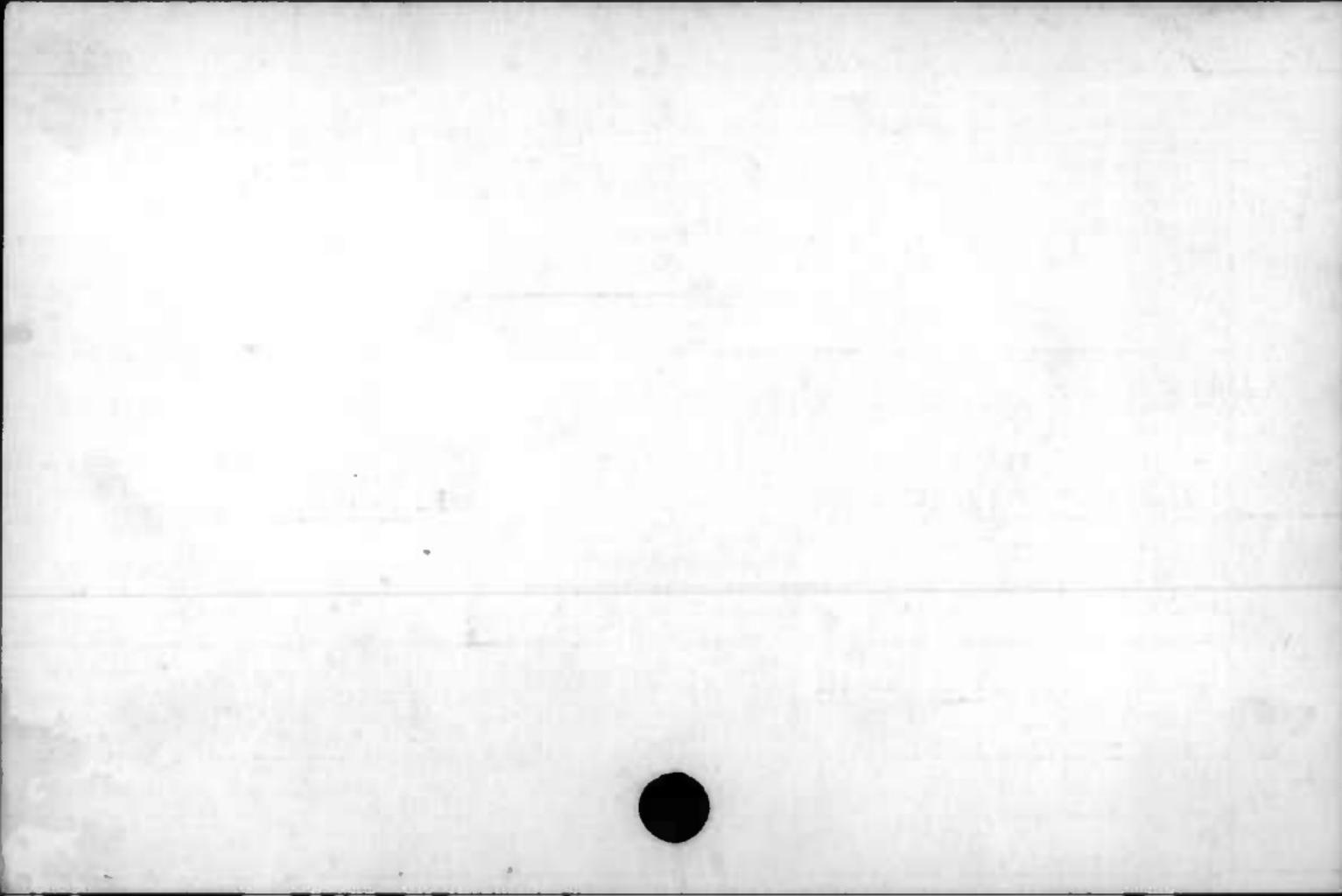
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. J. Wingard
Garrison
Md

Accident or Suicide?



Name
in
Full

Estella Worthington

CERTIFICATE OF DEATH

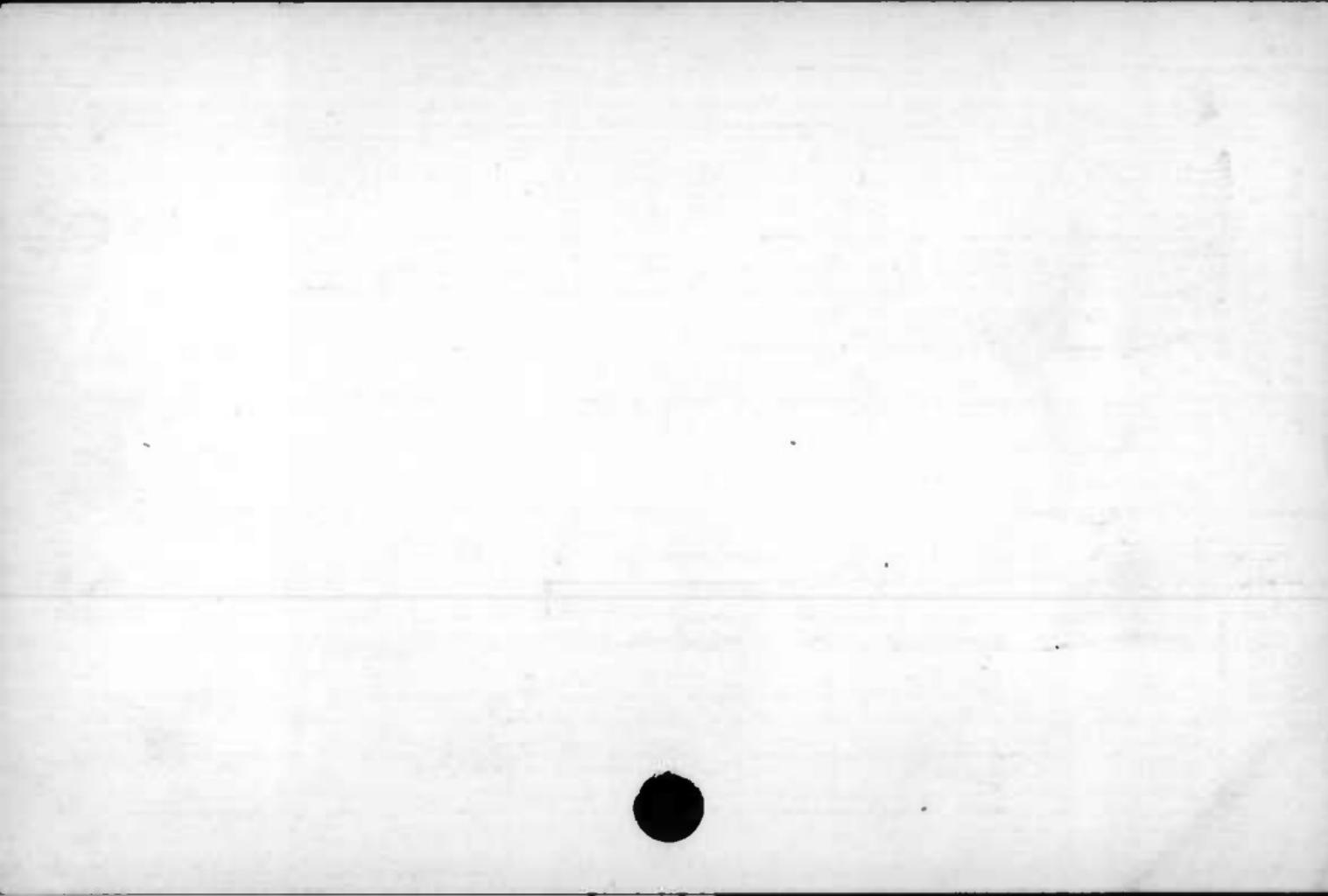
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Worthington			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	L M Walker Undertaker	



Name
in
Full

Ethel F Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown		County Washington		MARYLAND		
Date of death 1905	Month 8	Day 6	Years —	Months —	Days 21	
Sex Female	Color or Race White	Birth-place Md				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Joseph Washington			Father's Birthplace Md			
Mother's Maiden Name Nettie Keyser			Mother's Birthplace Pa			
Name of person giving information			How related to deceased		Mother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

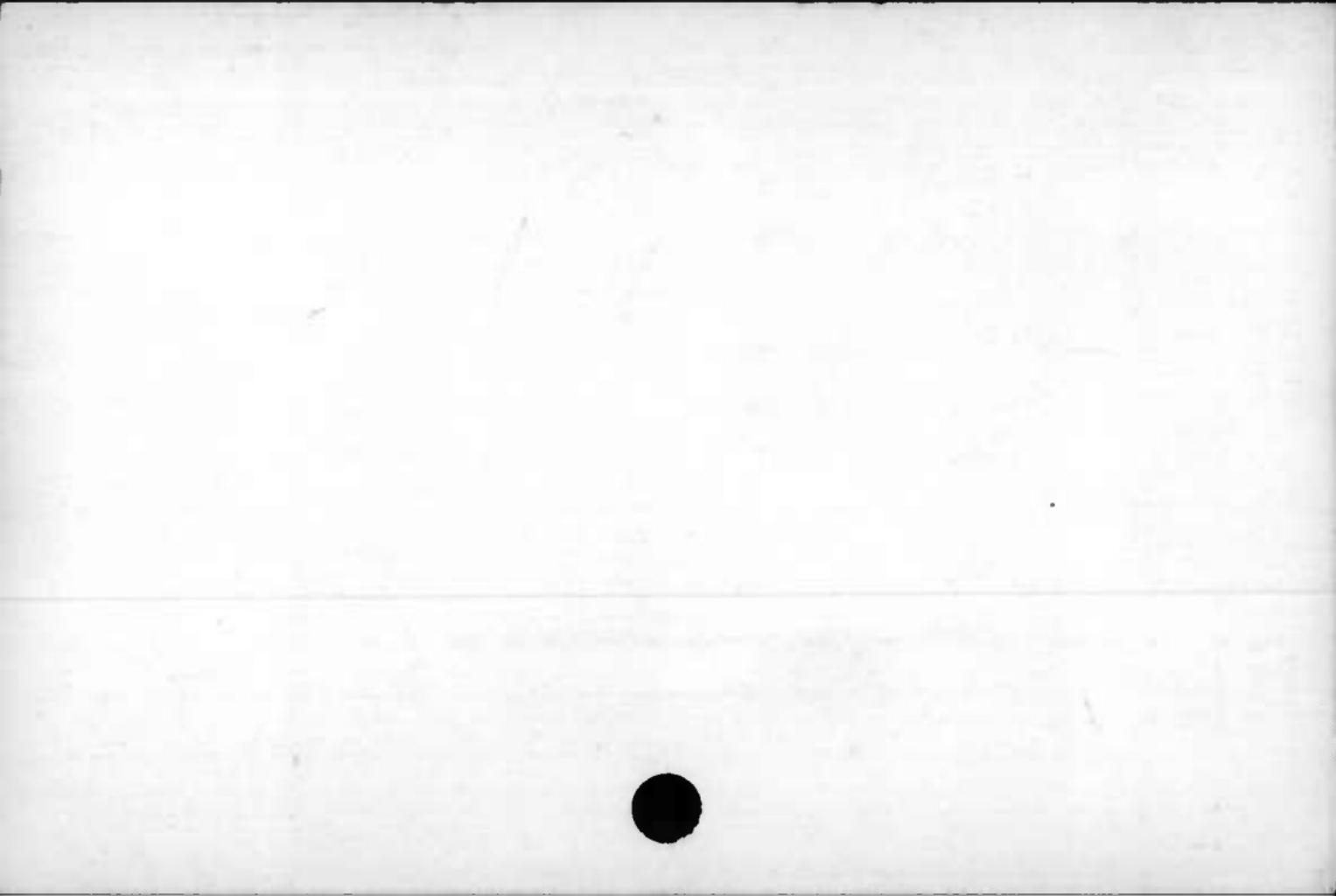
Primary How long

Immediate Cholera Infantum How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Dr. W. M. Williams
Address Hagerstown Md

Accident or Suicide?



Name
in
Full

Annie R. Wyand

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Sharpesburg	Town	Washington	County	MARYLAND	
Date of death	1905	Month Aug	Day 25	Years 68	Months 6	Days 23
Sex	Female	Color or Race	White	Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Husband	Joshua Wyand - Dead			
Father's Name	Jacob S. Miller			Father's Birthplace	Brookfording	
Mother's Maiden Name	Ann Barbara Martin			Mother's Birthplace	near Beaver Creek	
Name of person giving information	Henry M. Miller			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A complication of disease		How long	several years
Immediate	Cardiac complication		How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Gardiner	
		Address	Sharpesburg Md	
Accident or Suicide?				

Thos. S. Wade
undertaker

Name
in
Full

Emory & Wyandate

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	State
Kingsville	Washington	MARYLAND	
Date of death	Month	Day	Years Months Days
1905	8	30	Age 38 29 26
Sex	Color or Race	Birth-place	
Male	White	Ridgelyville	
Occupation	Where Residing if not at place of death		
Jeweler	Ridgelyville Md		
Married, Single or Widower	Name of Wife or Husband	Father's Birthplace	
	Susan Wyandate	Cockeys Mills	
Father's Name	Mother's Birthplace		
Calab Wyandate	Marysville		
Mother's Maiden Name	How related to deceased		
Sophie Blessing	Mother		
Name of person giving information			
Sarah Wyandate			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

Months

Are the name, age, sex, color, date and place correctly given above?

Yes

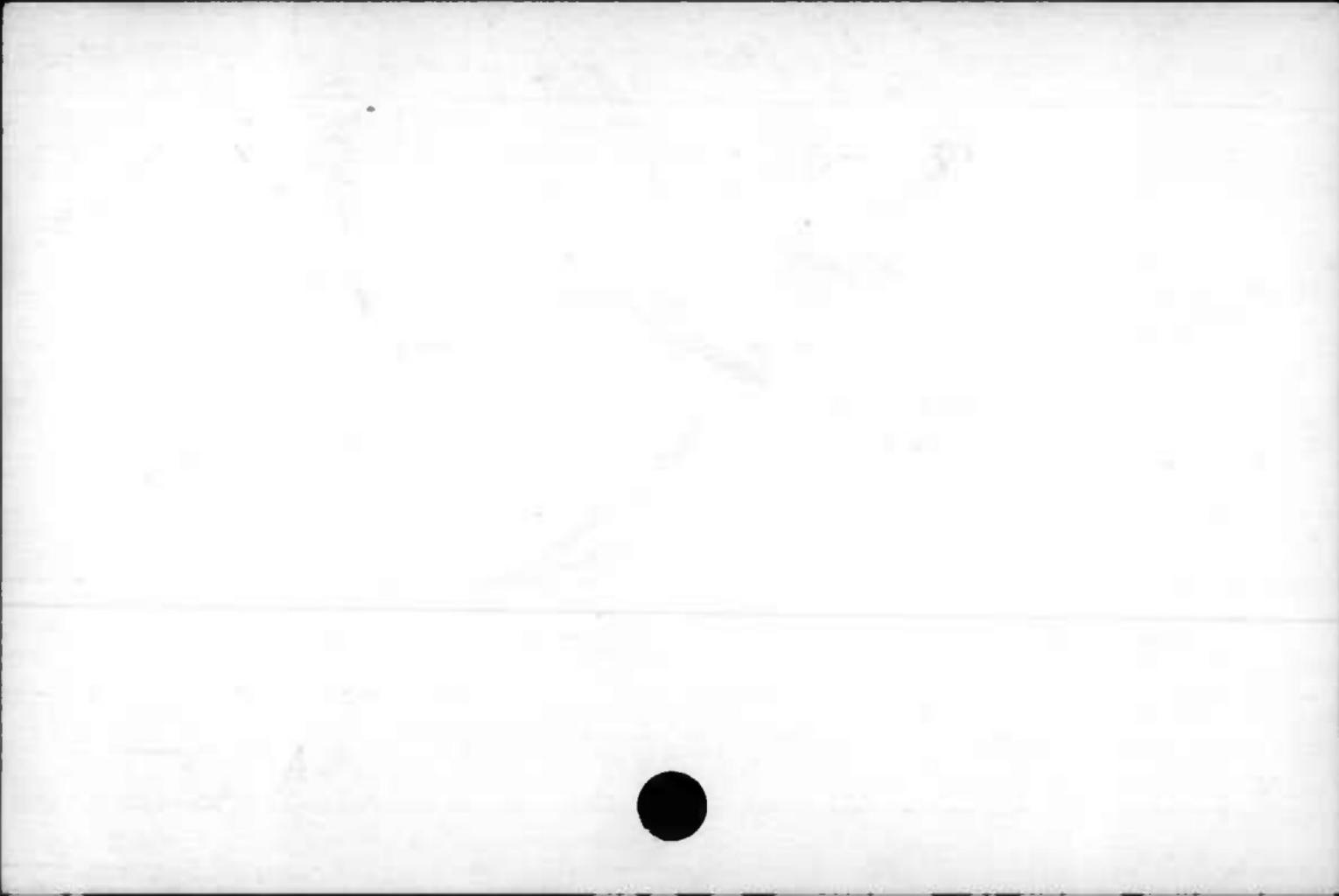
Signature of Physician

W. M. Atcheson

Address

Steegsville Md

Accident or Suicide?



Name
in
Full

Isabell Eugene Yeakle

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Wilson</u>		Town	County <u>Mash</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>16</u>	Years <u>46</u>	Age <u>46</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Wilson</u>					
Married, Single or Widowed	Name of Wife or Husband <u>John Yeakle</u>			Father's Birthplace <u>Ind</u>		
Father's Name <u>David Martin</u>				Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Isabell Mousay</u>				How related to deceased <u>Husband</u>		
Name of person giving information <u>John Yeakle</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure -

How long

16 hours

Immediate

Heart Failure -

How long

16 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. J. Mason, M.D.
Clearsprings, Md.

Accident or Suicide?

